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EDITORIAL COMMENT

TAKING INVENTORY

The subscriptions to the JOURNAL are carefully tabulated, month by month, under state headings, and the very largest cities are also put into separate columns. The growth or loss is easily seen by glancing at these columns and we look them over very often during the year, but at the end of the year, when all business houses are taking inventory, we make a closer study of them and they are intensely interesting to us. We often wish the whole JOURNAL family could look over our shoulders and share the knowledge, sometimes hopeful, sometimes discouraging.

For instance, here is a western state which has waked up wonderfully to the advantages of JOURNAL comradeship, since last spring. Why? Because one delegate who had never attended a national convention before, went home from Atlanta impressed with the value of the JOURNAL, and she has worked for it, earning the nickname, "Two-twenty-five." The subscriptions in that state have more than doubled as a result of her efforts.

On the other hand, here is a leading eastern state from which have come many of the leaders in our profession. Its schools are good, its graduates are well educated women, but they do not feel any responsibility in helping to sustain the magazine of our national association. Less than an eighth of their state membership is on our subscription list. That is one of the discouraging portions of our table.

We turn next to some of the smaller middle western states, and find a few that have more JOURNAL subscribers than state members. That is most astonishing and brings us back to good humor.

As a whole, however, the year was most encouraging. During it we reached the highest point we had ever reached. The states that have made definite gains during the year are: Illinois, Indiana, Iowa, Michigan, New York, North Dakota, South Carolina, and Utah. Much of this advance is due to the work of the Interstate Secretary. The

states having the highest percentage of subscriptions in proportion to their membership are: Oklahoma, Alabama and Wisconsin. The states having the lowest number in proportion to their membership are California, New York and Tennessee. The state having the largest number of subscriptions is Pennsylvania, but this large number represents but 54 per cent of its membership.

We are at present conducting a quiet, but widespread campaign, in memory of Miss Palmer, in an effort to fulfill her wish that as a memorial to her, the JOURNAL might be in the hands of every nurse. Will not you, who read this, help further that campaign? A good example as to what one person may do was given by a nurse who sent in a long list of subscribers, recently, saying that she did the work as a result of reading the article on the History of the JOURNAL. When she realized the hard work done by those who established the magazine, she felt that she wanted to do something in helping to carry it on.

What can you do? Try to have the JOURNAL subscription included with your alumnae dues. That is the most effective way of bringing it to the entire membership of the American Nurses' Association. Try to make sure that the student nurses see it, know about it, and read it. Get up a club of twenty in each school or better still, get the students themselves to organize one. Ask us for sample copies and subscription blanks for any of these purposes. Do not read some one else's copy of the JOURNAL; give it the support of your own subscription.

Thirty-one per cent of the members of the American Nurses' Association are now JOURNAL subscribers. Let us bring up that percentage by next New Year's Day.

GROUP NURSING

The following extract from a letter from Sister Domitilla of St. Mary's Hospital, Rochester, Minn., will be of interest to both hospital and private nurses:

In regard to the special nursing, we have always had a large number of patients who had special nurses. These nurses in most cases were on twenty-four hour duty. Last summer there was a great shortage of graduate nurses and those that we did have, were clamoring for twelve-hour duty. We felt they should have it but at the same time it seemed almost impossible to grant it then. On analyzing the situation, it seemed to us that it was a great waste to allow a graduate nurse to limit her services to one patient, especially when the patient was not in need of such service. The result was the establishment of the group system of nursing. By this system, several nurses are organized in a group and they are held responsible for the care of the patients in a definite unit of the hospital. For example, in one unit there are ten private rooms for patients who desire the services of graduate nurses. There are five nurses to care for these patients during the day and two to care for them during the night. The day

nurses are on duty nine hours, the night nurses, twelve. They all receive a salary and board, but they secure their own room in the city. Each group manages its own affairs, such as hours off duty, day or night duty, etc.

The system has been in operation since the first of September and has been most satisfactory. The nurses like the method, for it gives them shorter hours and a larger salary, and the work is far more interesting. We like it, for the large supply of nurses resulting from the plan makes it possible for us to eliminate the undesirable. It keeps every one doing her best. Not all the nurses of the staff are on the group system, however, for there are a few patients who need or demand constant attention. Those patients are put in a certain section of the hospital and are given both a day and a night nurse.

USES OF A CLUB HOUSE

The nurses of Maryland have on hand a project for the establishment of a central club house. In the letter of inquiry which was sent out to all members of the State Association, several suggestions were made as to possible uses of the club, which are new to us, and which could be adopted by other clubs, so for the benefit of all who are working for present or future club houses, we enumerate them:

The Possibilities of a Club House: (1) housing all the activities of the state association; (2) housing all the activities of the alumnae associations, if they choose to avail themselves of the opportunity; (3) cafeteria; (4) rooms for nurses, single or en suite; (5) rooms for transient nurses; (6) library; (7) courses of lectures; (8) demonstrations especially planned to interest nurses who have been out from hospitals for some time; (9) rooms where nurses from contagious cases could properly disinfect and sterilize their belongings; (10) purchasing department—nurses' supplies, uniforms and caps; (11) facilities for caring for minor cases of illness.

We do not suppose even the Maryland nurses can carry out the whole of this plan, or that they expect to do so all at once, but it might easily be possible to add some one of these features to club houses already in existence, and so increase their usefulness.

PUBLICATIONS OF INTEREST TO NURSES

The Cleveland Hospital and Health Survey, a publication in eleven slim paper-covered volumes, is the result of a year of work by experts in studying health conditions in the city of Cleveland. On first thought, this publication would seem to be designed to be read by other experts, but when we opened one book after the other, we found the reading matter so fascinating that we could with difficulty let it alone and return to our daily task. The charts, the illustrations, the descriptions, the recommendations, are all graphic and absorbing. Every one who has anything to do with sickness or health will find material of value here.

The complete set costs \$5.50, but single volumes may be obtained separately for 50 cents each, plus postage. The subjects treated in the various volumes, in order, are: General Environment and Sanitation; Public Health Services and Agencies; A Program for Child Health; Tuberculosis; Venereal Diseases; Mental Diseases and Mental Deficiency; Industrial Medical Service, Women in Industry, Children in Industry; Education and Practice in Medicine, Dentistry, Pharmacy; Nursing; Hospitals and Dispensaries; Method of Survey, Bibliography and Index. The books may be ordered from the Cleveland Hospital Council, 308 Anisfield Building, Cleveland.

It would seem a far cry from a city survey to Mother Goose, but the Metropolitan Mother Goose, recently published by the Metropolitan Life Insurance Company, has the same object as the survey,—the betterment of health. It is a most charming little book, beautifully colored illustrations accompanying the most familiar of the Mother Goose rhymes which are changed a little in each instance to teach some health lesson, but which never seem to be spoiled.

The book is being sent to teachers to be used as a prize for "health chores," but school nurses will also find it of great service.

The *Henry Street Nurse* is a tiny but inspiring bulletin published by the nurses of the Henry Street Settlement, as a means of communication between those now in the work and those who have been a part of it at some time or other. A foreword by Miss Goodrich sets the standard and the notes on the work being done are of interest to anyone who cares for children and for humanity.

THE VALERIA HOME CAMP

In the November JOURNAL we announced the establishment of the Valeria Home, a place of rest and recuperation for people of moderate means. We were mistaken, however, in the address we gave, for those seeking information regarding it. Letters should be addressed to The Valeria Home, Inc., 7 East 42nd Street, New York City.

A further letter regarding it adds something to our information. It is to be for the use of both men and women. The home is in possession of a thousand-acre plot near Croton-on-the-Hudson, New York. Plans are being made for the erection of seven houses, to accommodate about twenty persons, each, and for a central club house. It was the generosity of the late Jacob Langeloth which made this home possible. Mrs. Valeria Langeloth is president of the corporation.

THE NEBRASKA EXPERIMENT IN A PRELIMINARY COURSE

Last summer there was conducted, in Hastings, Nebraska, a preliminary course for students wishing to enter nursing schools. We have asked Miss Odegard, who was in charge of the work, for an account of the summer's work and its results, which we give in her own words:

The Summer Nursing Preparatory Course came about through an effort to relieve the shortage of nurses in the Mary Lanning Memorial Hospital School for Nurses. There was a desire to improve the nurses' course in order to attract more young women to take up the work. In order to relieve the student nurse from a considerable amount of theoretical work while she was having her practical work in the hospital, an intensive preliminary nursing course in the basic sciences was planned. The immediate conception of the course was received through an article in the *Modern Hospital*, for July, 1919, entitled "A New Method for the Training of Nurses."

The problem of financing this course arose very early. As it would be necessary to employ two teachers for the work, it was thought that the salaries would be more than the hospital could pay. It was finally decided to ascertain whether or not assistance could be obtained from the State Board for Vocational Education. A letter of inquiry was sent in and we were informed that this Board would be glad to include our work under Vocational Education work. With this arrangement, the State Board of Vocational Education paid three-fourths of the salaries and the Hastings School Board paid the remaining one-fourth. This is in accordance with the provisions of the Smith-Hughes Act.

With the entrance of the State Board of Vocational Education, the opportunities of the course were offered to the Nursing School of the Nebraska Sanitarium. They accepted and endeavored to send in their quota of students.

We received the hearty coöperation of Mr. Staley, the superintendent of the public schools. Through his efforts and those of Mr. Hartley, the State Supervisor of Trade and Industrial Education, the matter was brought before the Hastings Board of Education. The offer of a ten weeks' preliminary course in nursing was unanimously endorsed by the School Board. Mr. Hartley made several visits to Hastings, organizing the work.

A representative committee was organized of three physicians, (two elected by the county medical society and one appointed by the hospital board), and three nurses (recommended by the Executive Board of the State Nurses' Association), and other interested persons in coöperation with the State Board for Vocational Education.

The representative committee took up the task of publicity. Dr. Fast, of the State Asylum at Ingleside, sent out circulars to all persons on their mailing list. The *Nebraska Farmer* published an article about the course, with cuts of the Nurses' Home. The *Nebraska Tuberculosis Bulletin* issued a "Nurse Number" setting forth the advantages of the Hastings Summer Course. An arrangement was made with the University Extension Department whereby the services, as a recruiting agent, of Miss Louise Murphy were received. She spent several days in various neighboring towns trying to interest young women in the course. The Hastings Chamber of Commerce conducted a newspaper publicity campaign. The *Hastings Tribune* was generous in giving publicity to all developments of the course. Taken as a whole, the entire state was well circularized.

As a result of the activities of these various agencies we enrolled twelve students for the summer class. The relation between the large amount of publicity given the summer course and the small number of students registered is significant of the status of nursing affairs to-day. In a large measure the public is indifferent. There is a lack of knowledge of what schools of nursing have to offer. Again there is an aversion to the hard work of nursing, and the long hours which graduates and student nurses have to contend with.

The Summer Nursing Preparatory Course was conducted from June 9 to August 13. Eight of these students were registered with the Mary Lanning Memorial School for Nurses, and four were registered with the Nebraska Sanitarium School for Nurses. Two students from the Nebraska Sanitarium did not complete the entire course.

The curriculum was as follows:

<i>Subject</i>	<i>Hours</i>
Chemistry,	75
Nutrition and Cookery,	75
Elementary Materia Medica,	10
Bacteriology and Hygiene,	75
Anatomy and Physiology,	75
History of Nursing,	25
Nursing Procedures,	40
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Total,	375

The class work extended from Monday morning to Friday evening. Seven hours a day were spent in class and laboratory work. The class in Nursing Procedures, at the Mary Lanning Hospital, was conducted on Saturday. The Nebraska Sanitarium was permitted to give this class at such time as was most convenient for it.

The results received from the ten weeks' summer session were satisfactory. However, if we wished to improve the course, the time should be extended to four months, or one full semester. This would enable the student to give more time to reading and study, and would prevent, on the part of the instructor, the slighting of a certain amount of work due to the lack of time. If such an arrangement were made it would be in accordance with the length of term in colleges and high schools, and would simplify the question of credits.

It has been suggested that a course as above outlined could well be given within the high school curriculum. It is my opinion that the average young woman of high school age is not sufficiently mature to carry on the work as given in the Nursing Preparatory course. These studies are in advance of high school studies, with perhaps the exception of Chemistry and Nutrition and Cookery. It would be better for the girls who take the nursing preparatory course to have a full high school education as a foundation.

As a result of our experience in conducting the summer course we would recommend that:

1. A central school of nursing be established in Hastings under the Smith-Hughes Act, which will have as its aim the preparation of young women in those sciences which they should have before taking up their work in the hospitals.
2. The work of this central school be divided into two nursing preparatory courses of one semester each. That these courses be conducted in the high school, if possible, during the regular school year.

3. The board of vocational education in connection with the local school board employ teachers to carry on this work, provided a sufficient number of students enroll.

4. As the hospital receives no services from these preparatory students, they be required to pay the expenses of their own maintenance while taking the course. Nursing scholarships might be offered to those high school graduates whose work and personality merited it.

5. Full academic recognition be given to those students who complete the work of the course satisfactorily.

The ideal arrangement for such a summer school under state auspices would be that all accredited nursing schools in the state should unite to promote it, and that all should be able to enter prospective applicants as students.

Miss Odegard suggests that nursing schools should be distributed throughout a state on the basis of population, as are normal schools for teachers, and that hospitals too small to conduct a satisfactory school should employ graduate nurses.

"THE PUBLIC HEALTH NURSE" INCREASES ITS PRICE

The *Public Health Nurse* has increased its price from \$2 to \$3, beginning January 1st. This is doubtless due to the same causes which made it necessary to raise our subscription rate. There seems hardly any hope that publishing will become less expensive until new forests are planted and grown from which wood pulp may be obtained, and we fear our present body of subscribers will not share in its benefits.

We are happy to announce that a combination rate has been again arranged with the *Pacific Coast Journal* by which the two magazines may be obtained for \$4.50, the name, address and money being sent to either office.

MISS NOYES RETURNS FROM EUROPE

Clara D. Noyes, Director of the Department of Nursing, American Red Cross, after a four months' survey of Red Cross nursing activities in Europe, returned January 15, in time to attend the meeting of the Joint Boards of Directors of the three National Nursing Organizations which was held in New York January 17, 18, 19 and 20.

Miss Noyes sailed aboard the S. S. Adriatic from Southampton, England, on January 5. Her itinerary abroad included: Prague, Czecho-Slovakia, Warsaw, Poland; Vienna, Austria; Belgrade, Serbia; Sofia, Bulgaria; Athens, Greece; parts of Albania and Montenegro, and a visit to Red Cross Headquarters in Paris.

NURSING AND DIETARY MANAGEMENT IN A UNIT FOR THE STUDY OF NUTRITIONAL DISORDERS

BY J. G. DILWORTH, R.N.

Clifton Springs, N. Y.

"In these days when housewives speak in terms of calories and the daily papers deal with vitamins, it may be well for clinicians to examine once more the fundamental principles of nutrition. Patients no longer demand medicines, they do expect diets, and if they are at all up to date with literature, they are better informed on the subject than were the text books which most of us studied in the medical schools."

These sentences taken from an address delivered before the Boston Medical Association by Dr. Eugene F. DuBois, indicate a new movement and sound the call to action for both the medical and nursing professions. The wave of progress in scientific research during recent years has made a deep impression on all questions relating to metabolism, and in consequence, the science of feeding has made rapid advances. The old stereotyped diet list has disappeared from the bulletins of the best hospitals and special lists based on metabolic requirements are made for each type of case under study.

In order to accomplish this work it was necessary to add to the professional staff a thoroughly trained woman,—the hospital dietitian. It is impossible for the physician to attend personally to the details of medicine, treatment, diet, and general nursing care of his patients. He must be able to write his prescriptions for the dietitian as clearly and as concisely as for the pharmacist, the nurse, the masseur,—and to feel as confident that these instructions will be followed accurately and with as much satisfaction to the patient as to himself.

The selection and preparation of food require an enormous amount of reliable work, entirely impossible unless the dietitian has a broad knowledge of the composition of food materials, their suitability in specific diseases, the best methods of serving that there may result the least possible strain upon the digestive organs. One must also know the fundamentals of physics and chemistry, of biology and bacteriology, of the more elementary medical studies, in order to understand the diagnosis, prepare a suitable diet, and follow the progress of the case as manifested not only by physical conditions but by the laboratory findings. Aside from the technical training, the

dietitian to be successful must possess adaptability, initiative, tact, enthusiasm and the power to do,—in short, she must be one who can "make things go."

In the larger hospitals, where a research laboratory gives the metabolic work a special significance, it has been found more satisfactory to establish a completely equipped diet kitchen under the supervision of a person having the training of a nurse and of a dietitian, thus centering the responsibility for the administration of diet, the collection of excreta, and the nursing care of the patient, thereby making the triad,—the medical director, the biological chemist, and the nursing staff,—a unit for study of nutritional disorders. The new hospitals have built departments to meet this need; in the older buildings, we meet the requirements by setting aside a part of other departments or floors as necessary, to meet the demands of our work.

When it was decided to undertake the metabolic work at the Clifton Springs Sanitarium, the following changes were made: A number of rooms on the fourth floor were placed at the disposal of the medical director of the unit; two of these were thrown into one to form the diet kitchen; an adjacent room was equipped as an office for the nurses, a class room for the patients, as a laboratory where patients become familiar with the required tests, and where doctors and nurses may do emergency work.

The nursing and dietary care of the patients was placed in the hands of a graduate nurse who had had special training in metabolic work. She was given an assistant, a nurse with metabolic training, in order that neither side of the work might ever be left without supervision. The nurses from the training school are sent to the department and given a six weeks' course as part of their dietary training. This time, although short, gives them a fairly good insight into the work, and if they wish to go further they are permitted to return either before or after graduation.

The medical director gives his orders for the diets in grams of protein, fat and carbohydrate, after he has examined the reports of the laboratory findings on the blood and the excreta of the patient for the previous twenty-four hours. The nurse translates these figures into actual food materials, prepares the food, serves it, and is responsible for the final record of the actual intake.

Before attempting to plan a diet list, the nurse must know the diagnosis, the severity of the disease, the special point under investigation. These things she learns from the doctor. She must then meet the patient and learn from this interview his likes and dislikes, note the things he thinks he can eat and the things he thinks he cannot

eat, explain the ends for which the doctor is striving and show the patient the importance of his cooperation. It may be some time before the diet can be what either nurse or patient desires but, except in a very few instances, the patient is willing to forego his own wishes and take what a considerate doctor and nurse give, when he realizes why things are as they are. In no instance is it necessary to force a patient to take food which is really distasteful to him,—substitutes can always be provided. Variation of the menu is difficult, but many changes can be made, and it is surprising how well satisfied the patient usually becomes when he is permitted even the limited variety.

The patient's education is an important part of the work. The medical director meets his patients in the class room as often as he thinks necessary, explaining to them the fundamentals of the etiology and pathology, and the general principles of the treatment of metabolic disturbances. Aside from their scientific value, these lectures form a social basis and a sympathetic bond between the professional staff and the patients, and among the patients themselves.

We have long since given up the plan of isolating patients who must be put on limited diets. Unless our work is for the ultimate good, not the immediate end, it can be of little value, and the patient must realize this as deeply as we do. Under no conditions do the knowledge of the patient, his self-control, discretion, honesty, and courage, count for so much as in the prolonged continuance of dietary restrictions. The fidelity of the patient, coupled with the knowledge gleaned from his own or from the indiscretions of his fellow sufferers, that each lapse brings its immediate deprivations, usually assures us a high standard of conduct.

The nurse must train the patient as she has been trained,—to know the classification of foods, their uses in the body, the food materials supplied by the most commonly used food substances, and how to arrange and total a diet prescribed in grams of protein, fat, and carbohydrate. In this way, and in this way only, can a patient understand to his own satisfaction and that of the physician, the language of the physician and that of the current literature. Under no other conditions can he be permitted with safety the variations in diet that mean so much to his future pleasure and well-being.

For the convenience of nurses and patients we use an especially arranged booklet in which the most frequently used food substances are arranged alphabetically under their class headings,—values for 100 gram portions being given according to Bulletin 29, "The Chemical Composition of American Food Materials," by Atwater and Bryant. Nurses who calculate many diets find it convenient to use both the slide rule and the adding machine, but while we are training

nurses and patients we find it well to have them use the longer methods. The spring balance scale with movable dial, and the well known steam cooker in which few or many compartments may be used at one time, the steam table, the dish washing machine, and various other labor saving devices, are provided in the well equipped kitchen.

A special diet sheet has been provided on which the nurse and patient keep a record of the weight of food served at each meal and make the calculation of its value in grams of protein, fat, and carbohydrate, and the total calories. These sheets, aside from their value at the time, form an asset to the literature that the patient wishes to take with him upon his discharge from the hospital.

A combination diet and laboratory chart is also kept, in order that the relationship between the intake and the laboratory findings may be evident at a glance. On this is recorded the food intake in protein, fat and carbohydrate and the total caloric value of the amount for the twenty-four hours, the total fluid ingested, the amount of sodium chloride used, and under the general heading "Remarks," any other record that may be necessary to present a clear picture of the dietary treatment. The urinalysis of the twenty-four hour specimen shows the total amount, the specific gravity, the reaction to litmus, the albumin, acetone, diacetic acid, ammonia and sugar. Microscopic examinations are recorded twice each week unless otherwise indicated. Blood chemistry is done as frequently as necessary to the best interests of the case, and a record is made of the sugar, fat, plasma bicarbonate, urea nitrogen, non-protein nitrogen, uric acid, creatinine, creatin, cholesterol and acetone content.

Nurses who have not had their laboratory training, and all the patients treated, are taught to test urine for sugar, acetone and albumin, and are made to understand the fundamentals of their summary chart. Patients are given very definite instructions as to what must be done should special conditions arise.

In addition to the practical training, each diabetic patient is requested to study Dr. Joslin's Diabetic Manual. This book, the class room work, and the individual instruction, assure the patient a comprehensive knowledge of his condition and enable him in a large measure to work out his own salvation.

Our work has lead us to believe that with a staff, each member of which understands the nature of the problem, metabolic disorders can be treated most satisfactorily.

We feel that the education of the patient to as exact a knowledge of his condition as is possible, leads to the best results. In our treatment we have put more emphasis on his education than on such an

exact scientific study of the case as would be possible only if the patient were isolated, as we feel that the greatest good to the patient and to the community can be attained in this way.

HOW TO PLAN FOR A CONVENTION

BY JANE VAN DE VREDE, R.N.

Atlanta, Ga.

The following is a resumé of the work done by the Committee on Arrangements in preparation for the convention of the American Nurses' Association, held in Atlanta in April, 1920.

The committee consisted of a chairman and four members, one of whom acted as secretary, and one as treasurer.

Sub-committees were appointed as follows:

I. *Publicity.*—This sub-committee was composed of the chairman and one member from each of the leading newspapers, the Chamber of Commerce, the Convention Bureau, and the Hotel Men's Association.

This committee elected one man as clearing reporter for all leading papers. At the convention, one member was appointed from each association to meet daily the chairman of the Publicity Committee and this joint representation, so all papers had the same staff, the same time. The secretary of each state association, all nursing magazines, the Chamber of Commerce and hotels were provided with special stationery and sticker stamps. All traveling men were notified of the convention and were asked to stay away from Atlanta that week. A special bulletin, "In Atlanta This Week," was published. During the week preceding the convention, all ministers were written to and asked to hold a special service for nurses on the Sunday during the convention.

II. *Information Bureau and Supply Committee.*—This sub-committee consisted of a chairman and four assistants. Its duties were (1), to secure desks, blackboards and supplies needed at the Bureau of Information; (2) to arrange details for giving information during the convention; (3) to care for lost and found articles; (4) to arrange the time for the personnel of the bureau to be on duty, keeping a sufficient number to do the work at all times; (5) to receive and deliver messages; (6) to care for visitors' mail; (7) to secure and distribute all supplies needed by other committees on written requisition of the chairmen of committees; (8) to return all borrowed articles at the close of the convention.

III. *Halls*.—Four halls were needed, one for each national organization and one for joint meetings; four registration places were needed, one for each organization and one for general registration; rooms were needed for round tables, for committee meetings and for voting places.

A chairman and two assistants were assigned to each hall for meetings. Their duties were to secure needed supplies from the Supply Committee, to have the hall ready for each meeting, to have one member present at each meeting to notify speakers when they were not heard, to keep order, etc. The committee in charge of the Armory where the joint meetings were held, in addition to these duties, arranged decorations for the Armory and for the stage, each evening.

A chairman and four assistants were assigned to the registration rooms and the same committee had charge of the voting places. Their duties were to secure needed supplies and to direct members who wished to register or to vote.

For the round tables, there was one general chairman with a sub-committee of three for each organization. Their duties were to consult with the Programme Monitor and with the general chairman on halls, to secure rooms for the round tables, to see that each room was ready. One member of a committee was present at each round table.

IV. *Invitations*.—This committee consisted of a chairman and one assistant whose duties were to order invitations printed, to secure the names of guests to be invited—members of hospital boards, medical boards, superintendents of hospitals, members of women's clubs—to address and mail the same.

V. *Church*.—This committee consisted of one general chairman, a sub-chairman for each religious denomination, and ten or twelve assistants. Their duties were to meet members at the hotels on Sunday morning and to direct or take them to church.

VI. *Ushers*.—A chairman and two assistants. Their duties were to secure the personnel,—student nurses from the hospitals,—and to get badges for them, to see that a sufficient number of ushers was on hand for each meeting, to arrange for their lunches and their relief, to give them instructions as to their duties.

VII. *Hostesses*.—A chairman whose duties were to secure the appointment of a hostess from each state who would represent the nurses of her state and who would meet the local hostess during the meetings, to secure badges for the hostesses.¹

¹ It was the desire of the directors of the national organizations that the state hostesses should make it a special duty to seek out nurses from their states who were not acquainted with others and to make them feel at home.

VIII. *Exhibits.*—A chairman and two assistants whose duties were to secure exhibits from training schools, the Red Cross, etc., to receive and store the same until time to arrange for the display at the convention, to be responsible for exhibits during the convention, to have some one on duty each day, to see that exhibits were packed and returned at the close of the convention.

IX. *Book Department.*—A chairman and two assistants whose duties were to arrange with the AMERICAN JOURNAL OF NURSING for the exhibit of nursing books, to receive and store the books until the time of the convention, to arrange the exhibit, to take orders during the convention, to pack and return the books at the close of the convention.

X. *Reception.*—A chairman and two assistants whose duties were to conduct out-of-town speakers to and from places of meeting, to secure transportation for guests for special occasions.

XI. *Automobiles.*—A chairman and four assistants whose duties were to secure automobiles for the Sunday drives, and for special occasions, conferring with the Automobile Association, the County Medical Association and with citizens owning cars, to print needed posters, to have a committee at each hotel at the time of the ride to see that all guests were given accommodations, to secure needed newspaper publicity.

XII. *Accommodations, Hotel, and Station Information.*—A chairman and several assistants made reservations for all who communicated with the Arrangements Committee, notified inquirers where reservations had been made, cared for all members whom the hotels could not accommodate, held conferences on the housing question with the Hotel Men's Association, and with the Young Women's Christian Association, conducted an advertising campaign to secure rooms in private houses, established a bureau to receive and list the names of citizens who offered rooms, sent announcements of the need of rooms to churches, conducted bureaus of information at the hotel headquarters and at the railway stations, posted signs at the stations, showing the location of the information bureau, secured rooms for those who had not made reservations in advance, and made readjustments when necessary.

XIII. *Music.*—A chairman who secured musicians and arranged programmes for the joint evening sessions, and arranged for the community singing at the opening of each afternoon session.

The general duties of the Committee on Arrangements may be summed up as follows: to secure places of meeting, to collect funds for convention expenses, to pay bills, conduct correspondence, secure local speakers, to meet the sub-committees to work out details, to

secure local stenographers, to secure the services of Boy Scouts, to confer with the Federated Women's Clubs, to see that all halls were cleaned and ready, to assign and placard halls and rooms.

Volunteer gifts and services were as follows: all automobiles used for the Sunday drive, flowers and palms for decoration, the use of the Auditorium for evening sessions, the use of the Tabernacle for other sessions, many of the supplies needed, the use of four hundred chairs, the musical programme, the afternoon tea at the home of Mrs. Irwin and that at Fort McPherson, the reception by the Federated Women's Clubs, the services of two clerks and four stenographers, the services of the Boy Scouts, and accommodations for foreign delegates and guests.

Contributors to the convention expense were the Chamber of Commerce, the Georgia State Nurses' Association, the four district associations of the state, eight alumnae associations of nurses in Atlanta, two in Augusta, one in Savannah, and individual subscriptions of \$1 each, the whole amounting to \$802.50.

At the time of the writing of this article, a few small accounts were still unpaid, but the disbursements to date were:

Cleaning church	\$214.00
Decoration of Auditorium	100.00
Janitor service	73.50
Hostess badges	16.00
Flowers for memorial	25.00
Ushers' lunches	22.50
Ushers' badges	7.40
Boy Scouts' lunches, car tickets, etc.	20.00
Publicity man	25.00
Community song leaders, lunches, and taxis	10.00
Printing stationery, stamps, etc.	100.65
Incidentals—stamps, stationery, water, ice, drinking cups, pictures, Yale lock, printing of signs, etc.	48.25
Total	662.30

NURSING IN INDIA

BY WILHELMINA NOORDYK
Vellore, India

My experience in the work in India is as yet very limited as I have been here only two and a half years. When I had completed my first year of language study, one of our lady doctors went home on furlough. She had kept a dispensary in her station for several years, and as there was no other doctor to take her place I was asked by the Mission to do so. It was with fear and trembling I undertook this work, for our nurses training schools hardly qualify one for the work of an M.D., but one learns by experience, and it was not long before I felt quite at ease in opening abscesses, conducting maternity cases, pulling teeth, examining patients,—in short, doing many things which at home only a doctor is called upon to do. Naturally a nurse cannot do these things with the same efficiency as can a doctor, but when there is no other help to be had, the little that she can do is better than nothing. Most of the people do not know the difference between a nurse and a doctor, even though we tell them. Simply because one happens to be white, she is expected to be able to do almost anything.

Nowadays we read much about public health nursing, district nursing, etc. One has ample opportunity to do this kind of nursing in India. I have gone out some ten miles to a village, to see a patient, traveling in a pony jutka. One such was a maternity case. The woman had been treated by the native midwife and was dreadfully infected when we arrived. She died three days later. If she had only come to us sooner, this might have been prevented.

On these occasions the people are very kind to us. As it took us the greater part of a day to come and go to this place, the patient's relatives had arranged to "give us our food," but fortunately we had foreseen this and brought our own. However, they insisted that we take some milk and bread from them. The milk was served lukewarm, so we told them it would be impossible for us to drink milk which had not been boiled, as it would ruin our digestion. Without the least sign of offence they complied with our wishes, thinking no doubt that we had queer customs to observe. The idea of contaminated food never enters their heads unless it has been touched by one of lower caste than themselves.

It is always amusing and interesting to see the whole village turn out when one calls to see a patient in that village. We carry our own basin, soap, and brushes, knowing none will be available. If at all possible, word is sent on ahead to have hot water ready when we

arrive. A great deal of surprise is manifested at the way we scrub our hands and many are the questions as to the why and wherefore.

In the dispensary, the work is also very interesting. There are, as always in dispensaries, plenty of dressings to do daily. As in all dispensaries we see a great deal of venereal diseases. At the recent annual conference of the South India Medical Association, a statement was made by one of the doctors that fifty per cent of all the people of India have venereal disease of some kind. Where such is the case, you may imagine what a large number of them we meet in a dispensary. Some are such pitiful cases too. Only this morning a fourteen-year-old child came in, afflicted with syphilis. She had been married for a year and is now a physical wreck. Who shall say what effect it has had on the child, morally?

Our patients show their gratitude in different ways. Sometimes they bring us peanuts, which grow in abundance in our part of the country, sometimes a chicken, sugar, bananas, or flowers. I was rather frightened when a patient brought me a chicken for the first time, for I had to take it in my hands, and I had not been accustomed to handling live stock.

I am at present in Dr. Ida Scudder's hospital in Vellore, some hundred and fifty miles away from my own dispensary. Miss Houghton is the superintendent of nurses here, but she has gone to the hills to take her vacation and I am substituting for her. The training school connected with this hospital numbers twenty-one pupils. Many of the girls are bright and all are good natured and willing to learn. However, it is not an easy matter to train nurses in this country. In the first place, nursing is looked down upon because one has to do what they call "menial work," such as keeping the wards and lavatories clean. But more and more the example of European and American nurses is having its effect and they are beginning to realize that to have her surroundings clean is one of the important duties of a nurse. Necessarily under such circumstances it is very difficult to have the educational standard for candidates very high. If at all able to study, the girls would much rather become teachers than nurses; they think it is a more honorable position to occupy. The cry comes constantly from nursing superintendents: "What can we do to induce better educated girls to enter the profession?" An increase in salary has been suggested and will perhaps have some of the desired effect.

The training of nurses in India has been an uphill struggle, in fact it is still; but we feel assured that in time the Indian nurses will come into their own.

At present a new nursing book is being prepared by the Nursing Committee of the South India Medical Association. This committee consists of six or seven nurses, both English and American, and a doctor. They have made a synopsis of the book and have assigned the various chapters to different people to write. I do not believe they asked any one if she could do it, they simply said, "Here is your outline." But one is most willing to try anything, provided it will bring out a new nursing book, for the only one to be had, that being used now, was written twenty years ago and is quite out of date. In another year we hope to see ours published and ready for use in the schools.

The social problem of Indian nurses is one that needs consideration. What nurse in training does not look forward to her afternoon and evening "off duty"? At that time we do as we please and go where we please. For the time being we forget that there ever was such a place as a hospital. Not so the Indian nurse. The rules of propriety forbid her to go on the street without a chaperon and she cannot go anywhere unless she is accompanied by a proper person. The question arises, "What shall we do with these girls when they are free from duty?" If only one had the ability to do several things at one time one might go out and play with them.

A great deal of patience is required to teach these girls bedside nursing, operating room technique, etc. Things need to be repeated over and over again, even to senior girls, and to graduates. They are like children and need to be guided. It is a joy to find girls who have completed their three years of training and who can be relied upon.

India needs these trained women for the villages and towns to teach hygiene and sanitation and to replace the barbarous midwives who work such untold ruin. Both government and mission hospitals need them, for how can doctors carry on their work without the follow-up work of the nurse? Then, too, new medical schools are being opened and when they send forth their army of trained doctors, they will need nurses to assist them. There is now a movement on foot called Child Welfare Work. This association is clamoring for trained or partly trained women to visit the homes in towns and villages and to teach mothers how to take care of their children and of themselves before the children are born.

One loves the girls who are gradually learning what a noble thing it is to work for those who are ill. India needs many of this kind of girls with strong Christian character. Only Christianity will instill the principles that will give them the backbone to withstand the temptations that beset them.

There is a wide scope for any nurse at home who does not look for financial remuneration nor for easy work, but who is glad to follow in the footsteps of Florence Nightingale and above all in the footsteps of Him who went about healing the people.

ELECTROTHERAPY, A NEW AND INTERESTING FIELD FOR NURSES

BY FLORENCE M. SMITH, R.N.

Jewish Hospital, Philadelphia, Pa.

Electrotherapy is now being developed in a number of our larger hospitals and is showing excellent results. No one could be better suited to be a doctor's able assistant in this line of work than a well trained nurse. Because of her knowledge of anatomy, physiology and chemistry she has a good foundation for the study of electrotherapy and later can apply it intelligently and effectively. In the hands of the doctor, electrotherapy has been elevated to a science where it rightfully belongs and it would seem almost a duty for the medical profession to develop it to its fullest extent for the benefit of mankind. That much good can be done by it is proven by the fact that the so called "quacks" have richly commercialized it.

What is electricity? It has been defined as ether waves in a state of unrest. There are a number of definitions that have been given, many confusing and elusive to the average mind. What does electricity do and how are these results brought about? Seeing is believing. Let us consider a simple example of the action of electricity on water. Water, as we know, is composed of hydrogen two atoms, oxygen one atom. If we place the positive and negative poles of the simple galvanic battery in a basin of water we shall soon see small bubbles collecting around the positive pole and large bubbles around the negative pole. The electricity passing from the positive to the negative pole has separated the oxygen from the hydrogen. The oxygen having an affinity for the positive pole is collected around that pole and is discharged by means of oxygen bubbles; while the hydrogen, having an affinity for the negative pole, is collected around that pole and is discharged by means of the hydrogen bubbles. If we will allow the two poles to remain in the water long enough, the continued action of the electricity will completely separate the simple elements of oxygen and hydrogen and no water will be left. This action of electricity on water is known as electrolysis. These properties of electricity are made use of in medicine to introduce medication into the body through the skin and underlying tissues, this

process is known as ionization. There are some skeptical persons who doubt the possibility of this property of electricity. Here is a good example: take a cloth saturated in a solution of strychnine sulphate and envelop the body of a frog. The frog will remain passive, but if the positive pole of the galvanic current is applied over the area covered with the solution and the negative pole on the leg, the frog will have tetanic convulsions in a few minutes.

The electric current has different effects depending on the apparatus used. We find that it has both a mechanical and a chemical action. The Faradic current is used to produce mechanical action causing contraction of the muscles. In constipation, paralysis, or any condition where muscle stimulation is needed, it has been found beneficial. The galvanic current has a chemical action and is the only current whose action is different at the two poles. Oxygen is liberated at the positive pole and an acid reaction is produced. Hydrogen is liberated at the negative pole and an alkaline reaction is produced. The positive pole causes the formation of a hard scab, has antiseptic properties, and causes vaso-constriction; the negative pole causes the formation of a soft scab, has no antiseptic properties, and causes vaso-dilatation. The positive pole has a sedative effect and is therefore used in painful conditions, it is also used to reduce inflammation because of its vaso-constricting nature, while the negative pole is used to bring about congestion. The high frequency current is a type of electric current which has a thermic effect, that is, it produces heat. With this current we can produce a small amount of heat sufficient to warm the tissues slightly or enough heat to cause actual destruction of the tissues. Heat may be applied superficially to the tissue or indirectly to the internal organs, when ordered, as to a sluggish liver, a badly functioning kidney or an inflamed appendix. An active hyperemia can be brought about by this means, which helps to restore normal conditions.

In November, 1918, a patient came for treatment who had a cancerous condition of the mouth. The doctor in charge of the department used the electro coagulation method on the affected area and completely coagulated the cancerous tissue. The dead substance was removed with a curette. No bleeding followed, as electro thermic coagulation immediately causes cessation of surface hemorrhage, but the patient was watched for symptoms of secondary hemorrhage which sometimes occurs. The patient was advised to keep the mouth cleansed with an antiseptic solution, but further treatment was not necessary. At the present time, after the lapse of sixteen months, the patient's mouth is in a healthy condition and no recurrence of the cancer has taken place. Several cases of epithelioma that were

treated unsuccessfully for many months by the X-ray showed very satisfactory results after one treatment by electrotherapy. While X-ray has proven to be very beneficial in a majority of cancerous conditions, there are certain cases which do better under electrotherapeutic treatment. Deep seated cancers are not treated by this method, but are referred to the surgeon.

An interesting case is that of a young woman, twenty-one years old, who has had Bell's palsy from infancy and has suffered a great deal of embarrassment from this unfortunate disfigurement. She is receiving three treatments weekly of negative galvanism to the affected muscles. At the end of three months of treatment, her mouth is straighter and she has more power in all of the relaxed facial muscles. Cases in which the condition is not so long standing respond more readily to treatment and some have been cured in three weeks.

Another interesting and remarkable case is that of a young woman, who, when the war broke out, wishing to show her patriotism in a practical way, volunteered to serve in a munition plant. While working at a machine, filling shells, one of them exploded and she was severely burned about the face, neck, chest, left shoulder, and arm. She was a patient in the hospital for three months and after her burns had healed she was referred to the electrotherapeutic department for treatment. At that time her arm was bound to the body by adhesions and her head was drawn toward the shoulder, due to scar tissue which so restricted the muscles that there was no movement of the head and arm. The treatment in this case was radiant light followed by chlorine ionization. When chlorine ionization is used, a pad which has been immersed in normal salt solution is placed over the part to be treated; the negative pole of the galvanic battery is then attached to the pad and the positive pole applied to an indifferent part of the body. As chlorine has an affinity for the positive pole, it travels from the negative pole through the tissues toward the positive pole. The chlorine ions have the power to soften fibrous and scar tissue, which makes it more amenable to partial or total absorption and stretching. As massage supplements and accelerates this process, the patient was therefore given massage and passive movement. As soon as she acquired more freedom of motion of both head and arm, she was advised and encouraged to exercise the parts as actively as possible. She has been under treatment for fourteen months and at the present time the arm has been restored to its full function and the head is but very little restricted in its movements. Cases of this type are very tedious and try very much the patience of both the patient and the operator, but the results are very gratifying and are worth all the time and trouble expended.

YOUR COUNTRY NEEDS YOU¹

BY LEOLA STEELE, R.N.

Greenville, Miss.

"Your country needs you." Just about three years ago, how we all thrilled with pride when this clarion call swept over the land. Every man, woman, and child who called the United States of America "my country," was eager to serve, and most of them did serve, in some capacity, during the months which followed. It was no trouble to raise fabulous sums of money, every one met privation with a smile, enthusiasm for "preparedness" ran high, and we gave gladly, even of our heart's blood. Why? Because of united effort, chiefly.

And now cannot the nursing profession at least continue to express its devotion to country in a united effort? Your country needs you now as it never needed you on the battle fields, or in camp hospitals. The fight against disease and ignorance is on, and soldiers in the ranks are thinning. Our officers are making a noble effort, but they cannot win without the loyal and efficient support of the great army of nurses, which is made up of pupils in training, private duty, hourly, and public health nurses. In all these divisions recruits who can pass muster are needed, and we must maintain our high standards of womanhood in the rank and file,—not only standards of reasonable scholastic attainment, virtuous character, technical training, and an active mind, but the standard of willing, unselfish service for those in pain.

Did any nurse falter for fear of personal discomfort when shot and shell were creating patients for her in France? Did those who were left behind to perform the less spectacular service of preventive work, or care of the people's common ills hesitate because of danger of infection when influenza ravished the land in the autumn of 1918? Never! But now our nurses disgrace their name and profession by registering against night calls, or country cases. A night's sleep is more to them than service to humanity. Humanity is your country. The calamity of missing the "movies," or a call, or a lark with "the bunch" is causing many a nurse to miss the golden opportunity of serving someone in real need in a country home. Older nurses remember the privilege once theirs, when they fought the demon of typhoid, in a lonely farm house, through long nights. Though the patient often died, the family and friends gained knowledge which, in two decades, has well nigh routed the enemy.

¹ Read at the annual convention of the Mississippi State Nurses' Association, Jackson, Miss., October 29, 30, 1920.

Then there are those who refuse "contagious cases." Your country needs you! How are we to control contagious diseases if those trained in the science of prevention desert the army in its hour of peril? And in the wake of contagious and infectious disease, we find a large percentage of the victims who survive, but who are physically handicapped. Here, once more, the competent conscientious nurse can serve the country by helping these handicapped citizens to maintain at least a minimum of efficiency through public health activities.

There are pitifully few who are willing to fit themselves for this newer, more indefinite work of the profession. A pessimist might easily conclude that nurses have entirely lost the ideals for which the profession stands.

How are we to lessen the 35 per cent of preventable physical defects shown by the Army medical examinations, if there are disloyalty and indifference in our nursing contingent? We are to-day enjoying the benefits gained for us by such pioneers as Florence Nightingale, Isabel Hampton Robb, Isabel McIsaac, Sophia F. Palmer, Jane A. Delano and others of blessed memory. Do not hand down to posterity a less worthy heritage. Arouse yourselves and do your bit to uphold the glorious name gained for you by others, through travail and heart-ache.

Here in the south it was but yesterday that the trained nurse ranked extremely low, professionally and socially. We have a rare opportunity to place our profession above reproach if, by our daily life, our dress, and our cheerful service, wherever service is needed, we will only acquit ourselves as true women. The times are new and strange, we face new responsibilities, the handicap of sex is removed, but let us have a care lest reconstruction days become necessary as was the case half a century ago when the handicap of race or color was removed from the inhabitants of this country.

Wherever we may serve, let us serve to the capacity of our physical and mental ability. Let nothing but years of night duty, nothing but personal physical weakness or predisposition cause us to register against night work, country calls, or contagious cases. Let us prove the dignity and usefulness of our work by our daily lives, and then do what we can to induce those women whom we respect to enter the profession, that the improvement of our country's citizenship may go on from year to year, even after our race is run.

The powers of darkness, ignorance, and sin are more powerful than any army of Huns. These enemies threaten this fair land. Your country needs you, every one. Dare not ignore her call, and live to see her conquered.

THREE CASES: THE THIRTEENTH CASE

BY AGNES JAMES, R.N., AND KATHARINE JAMES

Cincinnati, Ohio

(Continued from page 224 of the January Journal)

Up to that time we had maintained the arrangement that had obtained all Spen's little life, of placing his bed beside Jenifer's in the room adjoining. As I was with him all day and there was practically nothing to do at night, there seemed no sense or reason for altering his habits, although I knew that unless his condition improved, there would come a time when constant, skilled vigilance would be needed. I had every confidence in Jenifer, although I had never been able to absolutely overcome a vague dislike.

She was of unmixed rustic origin, big boned, somewhat primitive in mind, but under Mrs. Harm's training and supervision, every fibre of her had been moulded into the perfect type of handmaid that the service of the Vamplews demanded. This task had been rendered colossal for the housekeeper, by the fact that the new mistress of the house and the new maid came from the same locality and were not unacquainted with each other. To subdue this equality in both parties had been one of Mrs. Harm's ordeals in her master's early married life, and it was little Spen's arrival that dissolved the difficulty by providing Jenifer with a definite status and limitations.

"She is certainly a model in the nursery," I admitted, "and the child does more for her than anyone else; I don't feel I'm doing a thing."

Mrs. Harms looked at me sympathetically. "Don't fret, Miss Penley, my dear. Everyone knows you're doing your best, and Mr. Vamplew often speaks of it; but there are some things we humans just can't do, and controlling life and death is one of them."

"I suppose you're right," I assented grudgingly, "but it seems all wrong to just let him go without being able to put up any fight."

"I certainly dread it for Mr. Vamplew's sake," she said; "Master Spen is his very life."

"At least the child's mother was spared such a loss."

Mrs. Harms looked at me across the table.

"Do you know," she said curtly, "I sometimes wonder if it is she who is taking him away from us!"

I set down my cup suddenly. "Why, what do you mean,—how could she?"

Mrs. Harms looked confused, "Oh, I don't know, my dear, only my mistress grew terribly jealous of the fact that the baby had a place in his father's heart and among the Vamplews that she, with all her beauty, could not hold."

It was the first time Mrs. Harms had ever openly alluded to Mrs. Vamplew's social inequality, and in this connection it showed in a new light. She would talk no more, but long after I had gone to my room that night it gave me food for desperate thought. To be a thing apart from a man and his house, even if married to him, was one thing, but to have the child of one's body arrayed in that alien circle, was another. To her husband Mrs. Vamplew's death meant possibly relief, but to take away his son would be to take away everything in life. This was reasonable, but I decided that it could hardly admit of any application to our present problem.

The room in which I slept was almost a corridor's length from my little patient, and as I did not retire early, I paid a final visit before I got into bed, and then not again till daylight. Being a good sleeper it was a rare thing for me to waken during the intervening hours, and when one night I roused to full consciousness for no apparent reason, the strangeness of it was disturbing. There was a faint moonlight by which the objects about me were dimly discernible. Absolute silence prevailed, and with a sudden and desperate desire for companionship, I got out of bed and wrapping a kimono round me, I slipped out into the dark corridor and started along to Jenifer's room.

I had traversed about half the length, when I was amazed to hear little Spen talking with a strength and volubility of which I did not conceive him to be equal. Believing that he spoke to Jenifer and afraid that I might serve to distract him, I advanced gingerly until I almost gained the threshold of the partially open door. The night-light glimmered faintly through the crack and standing there I waited for the assurance of Jenifer's voice, but to my growing uneasiness she made no response. Common sense told me that it might be the delirium of inanition that had developed in the child, but a fear that refused to be subdued by reason was fast laying hold of me. Forcing myself to proceed rationally, I advanced till I had crossed the threshold, where I stood rooted. So dim was the tiny light that it barely served to more than create shadows of which the room seemed full, but I saw Jenifer stretched across her bed fully dressed and apparently profoundly asleep for she breathed heavily.

Little Spen afforded the ghastliest spectacle I have ever confronted, sitting bolt upright, little more than a skeleton, his great hollow eyes apparently fixed on empty space and with much solemnity carrying on a meaningless conversation with thin air! It was the

certainty that this was not delirium that petrified my limbs and voice, and then to crown my terror the night light went out. That it was not extinguished by any ordinary agency, I was sure and as the darkness fell on us Spen's little voice broke in a weak and piteous wave of entreaty.

It was anxiety for him that restored me to my senses and in a few minutes I had recovered the balance I so badly needed. Whatever strength it was that had animated him momentarily, it left him weaker than ever, but for some reason I refrained from rousing Jenifer, and after doing everything I could for him, I sat by his side till the day broke, when I crept to my room.

I confided to no one in the house, but on Dr. Bleet's arrival I had a long talk with him. Poor old thing, if it hadn't been so serious it would have been funny. He has gotten everything so nicely encompassed by the elements that are contained in a milk bottle, that it took quite a little mental adjustment; but he expanded valiantly, and said I'd done admirably not to rouse the house. His first instinct was to call in a psychologist for a consultation, then we decided that any visible change might divert the course of things and, as we really didn't know what we were looking for, he asked me if I thought I had courage to try it again alone. I told him I had courage for anything that seemed like helping us.

With evening my vigil assumed more disturbing proportions, and as night's army of terrors and dangers one by one took the place of the cheerful security of the day, I wished with all my heart that I had consented to share the ordeal. Pulling myself together, I made my accustomed visit to Jenifer's room where she was making the ordinary preparations for the night, little Spen to all appearances lying asleep. Leaving them I returned to my room, and sat on my bed, fully dressed, to wait.

The clock had struck twelve when I heard her strike a match and then switch off the light. Waiting about fifteen minutes, I crept along as quietly as I could and listened. What seemed endless silence was broken by Spen asking something, and Jenifer answering soothingly, "Wait a minute, Honey, and mother will come and talk to you."

It must have been the actuality of her voice that kept me from fear, and enabled me to witness what followed from my post by the door. While I have never attended a spiritualistic seance, something told me that Jenifer's subsequent actions were those of a medium. Fully dressed, she sat down and gazed into space, then a series of contortions shook her body, and her breath came slowly and with effort; finally she fell across the bed in a deep sleep. Summoning all my courage I advanced to where I could see more satisfactorily and,

as I moved to command a full view of Spen's little bed, I saw the white curtains move gently. The child raised on his elbow and finally sat up clutching the old slipper, and while I neither saw nor heard anyone, it was unquestionably certain that he did, and that he had done so many times.

My first instinct was to have my evidence clinched by a second witness and, as all my fear was subservient to the momentousness of this discovery, I slipped out of the room and back along the corridor. Another shock awaited me in finding a bright light at the end, and Mr. Vamplew and Dr. Bleets on the top step of the big staircase. I suppose I looked white, as they made me sit down before I spoke, and I was so glad to see them it was a few seconds before I could control my voice.

"We appreciated your courage," Mr. Vamplew explained, "but to expect you to carry the entire ordeal, was neither advisable nor necessary, and we decided to be here in case you needed us."

So the three of us crept back and Mr. Vamplew's face was very tragic, as one thing after another corroborated the gravity of the situation. Of course, he roused Jenifer, which was no easy task, and I think she saw at once that her only chance was a free and full confession. She had always been mediumistic, she said, but had never made use of her gifts except at funerals and when, as a girl, spirits both wrote and spoke through her. It was her keen sympathy with her late mistress which made her put herself at the dead woman's service. That ultimately Mrs. Vamplew meant to take her child, we did not have to be told,—it was a terribly grim recital there in the dead of night, I tell you.

Before morning, with Mrs. Harm's help, little Spen and all his belongings were out of that fateful room, and Jenifer Prudden off the premises.

Then our fight began in earnest, but oh, such a different affair. Every day a little gain, till now he is rosy and normal.

"Bleets certainly ought to give you a testimonial for saving his reputation and adding another formula to his repertory," I said.

Mary chuckled. "Don't you believe it! I just feel that he's incubating a paper on, 'How a Protracted Caloric Deficiency Can Result in Hallucination in Children!'"

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

WHAT ARE THE AIMS OF NURSING EDUCATION

BY CAROLYN E. GRAY, R.N.

There are many indications that an increasingly large number of people are becoming interested in the problems of nursing education and because these problems and their satisfactory solution bear a very definite relation to the health problems of every community, it has been suggested that a discussion of the aims of nursing education might bring about a clearer understanding of our difficulties and help in some small measure to secure the coöperation of the medical profession, the nursing profession and the great public which both exist to serve.

To understand the present situation it is helpful to review briefly the history of nursing as we know it from the period previous to that of so-called "modern nursing" which it is generally conceded dates from the reforms introduced by Florence Nightingale. The gradual breaking up of monasticism in the fourteenth and fifteenth centuries and in protestant countries the disestablishment of monasteries at the time of the Reformation led to the decline of the mediæval system of nursing by the monastic and religious orders which had for many centuries made the care of the sick poor a service of love and a religious duty. In various countries the sick were turned over to the care of servants or attendants who, lacking a scientific or religious motive, regarded the work as drudgery, and this spirit plus their incompetence added much to the sufferings of those dependent on them for care. The status of these nurses was very low, and this period was one of stagnation but, black as the record is, it teaches a few lessons that are pertinent to our struggles of to-day.

First: These so-called nurses were recruited from the lowest classes of society and were absolutely devoid of any education or training, and often of altruistic motive.

Second: They not only had no professional status but they were entirely dominated by men.

Their degradation and its close connection with these two facts is lost sight of by those who advocate somewhat similar conditions as the remedy for our present problems. In those days they were not troubled in any way by entrance requirements, high standards, registration laws, or Regents control.

In the early part of the nineteenth century we find several attempts to improve conditions and various groups of women somewhat similar to the early Deaconesses were organized for service. Practically all of these groups were under the controlling influence of the ecclesiastical or military ideals of the monastic or military orders of a previous generation and sincerely believed that moral zeal alone would be enough to reform the situation.

Florence Nightingale was born in 1820, so that this year we celebrate the centennial of her birth. At a comparatively early age she showed her altruistic leanings and became intensely interested in the care of the sick poor. Even the most casual reader of the story of her life is impressed by her persistence in trying to secure hospital experience and her early recognition of the limitations of moral zeal that was not coupled with education and special training. It is unfortunate that the culture and previous education (unusual for a woman at this period), which enabled her to profit by this hospital experience and to build up a highly ethical conception of the value of it, has not been fully appreciated.

That education is fundamental to any successful process of nurse training is a fact Florence Nightingale exemplified in her life and stressed in her writings. The climax of her experience came during the period of a great war when any system introduced in a military hospital needs must be built on a military plan, when the problem was to care for the largest possible number of patients regardless of the probable sacrifice of the nurse. The war emergency called for a high type of self-sacrifice, and added to this it was a period when self-immolation (particularly of women) was counted a virtue. This was reinforced by the traditions of innumerable religious women who had willingly shortened their lives in the service of the poor and the sick.

When Miss Nightingale returned from the Crimea and founded the first training school in connection with St. Thomas Hospital in London in 1860, the aim and purpose of this school was "to provide better care for the sick." A few salient points in connection with her plan will show how far seeing this leader of ours was.

First: The nursing school was endowed and independent of the hospital.

Second: The hospital officials in the various departments who taught the nurses were to be paid for their services.

Third: The course of instruction covered one year of practical work, correlated with systematic instruction in the fundamental sciences; i. e., anatomy, physiology, hygiene, chemistry; and constant bedside supervision of the care of the sick.

It is easy for one who studies the plan of this first school to see that Florence Nightingale fully intended that the one-year period of apprenticeship should be truly educational and it is interesting to note that even at this date she advocated close correlation of the theoretical and practical work plus the clinical method of studying cases. This plan was so successful that it was widely copied and the early history of many American hospitals tells of some official traveling to England to study the Nightingale system and bring it back to this country.

In two of the first three hospitals, Bellevue Hospital, New York; New Haven Hospital, Connecticut; and Massachusetts General Hospital, Boston, Mass., the schools were independent of the hospitals and were established by committees of women who undertook to provide quarters for students and agreed to pay for their theoretical instruction, asking from the hospital only opportunity for practical instruction and training. At first the length of training was one year, but it was not long before it was increased to two years.

In every instance there was opposition from some medical men who were unwilling to accept the idea of educated women helping in the care of the sick. Despite such opposition the schools flourished and hospitals were anxious to have such schools because they provided intelligent and free service. They increased in number and size very rapidly and it would seem that our present conflict of aims had its beginning in the early days when the economic advantages of nursing schools were first dimly appreciated. The conflict of educational ideals and economic ideals has grown with the enormous increase in the number and size of hospitals and the enormous burden of work put upon the schools.

For a time a few schools were able to continue an independent existence, but this was extremely difficult because the hospitals wanted the full control of what was to them a valuable service, and it seemed impossible to secure the money to pay for nursing education as all other education is paid for. The great majority of nursing schools were owned and managed by the hospitals and the transition from regarding the nurses (in schools) as *students* to regarding them as the *working staff* of the hospital, seems to have been very rapid and very easy.

During this period (the last fifty years) and largely due to the improved nursing care that resulted from the organization of nursing schools we find a tremendous increase in the popularity of hospitals. The doctrine that "hospitals were the only proper places for the care of the sick" was preached with much success, so much so that a demand was created for private rooms for the care of those

who could pay even for luxuries. The result was an enormous increase in buildings devoted to the care of private patients, and in all too many instances staffed by pupil nurses. This marks the beginning of an entirely new problem, because in Florence Nightingale's plan only the sick poor were to be cared for by pupil nurses since in her day only the poor ever went to hospitals. It is one thing to tap the altruism of young women by an appeal for service to the sick poor whose need is great. It is an entirely different thing to exact from them laborious service caring for those who can well afford to pay for such service, and who are usually under the impression that they are doing so.

The numerous problems confronting the women charged with the conduct of nursing schools stimulated them (in 1893) to meet and form the American Society of Superintendents of Training Schools (now the National League of Nursing Education), for the purpose of promoting fellowship, maintaining standards and furthering the best interests of the nursing profession. In the very first report published we find a paper advocating that the course of training be lengthened to three years and the hours shortened to eight per day in order to allow the pupils time for classes and study.

In 1897 the report for that year states that sixteen schools had adopted the three-year course of training and a few (three?) had introduced the eight-hour system. From this time on the three-year course of training was rapidly substituted for the two years, but the adoption of the eight-hour system lagged very far behind.¹

In some instances the lengthening of the course did result in increased educational opportunity for the nurses, but there is much evidence that in other instances it gave the hospital an additional year of free labor and there seems to have been a fairly close connection between this lengthened period of nurse training and the rapid building of pavilions for private patients.

All of this leads to the fact that there are (1920) approximately 48,000 to 50,000 pupil nurses in training schools in this country. With even the most limited knowledge of labor conditions it is not difficult to realize the value of the free labor contributed by these pupils and this makes it easier to understand the differences of opinion between those opposing groups.

On the one hand we have the hospitals with their Boards of Managers, their medical staff and their sick patients. Their problem is to care for the sick and many of them feel the best and only way

¹ Educational Status of Nursing, by M. Adelaide Nutting. The Case for Shorter Hours in Hospital Schools of Nursing—Prepared by the Committee on Education of the National League of Nursing Education.

to do it is to disregard educational ideals, and develop highly skilled workers who will meet their particular needs. Their ideal is a self-sacrificing, submissive worker, none too well educated⁷ and quite willing to accept the necessity of relying upon the physician for future opportunities to work. This group wants pupils who will accept training in payment for long hours of hard work, and who will be satisfied to remain dependent upon their medical officers.

On the other hand we have a large portion of the community persistently demanding that the nurse shall be a scientific worker versed in the principles underlying her work and able to apply them intelligently in the care of the sick *wherever the sick may be found*. And this demand for the care of the sick wherever they may be found is coupled with an equally persistent demand that the quality of care given to the sick shall be determined by their physical condition and not by their economic status. Moreover, this demand logically extends backward to seeking the causes of disease and stresses preventive measures.

To meet this demand nurses need, not only training but education, not more self-sacrifice and submission but more opportunity for self-realization and development, not dependence upon another professional group, but ability to stand independently as coworkers of physicians and as community servants and teachers. Shorter hours, a decided increase in time given to instruction and study, and a system that provides for a different relationship between the training school faculty, students and medical men are essentials in any such scheme.

It is perhaps due to the war that many nurses see this conflict much more clearly than they ever did before. In common with all other classes of society, nurses are suffering from the prevailing unrest, and are questioning the value of many things that in years past were accepted as law and gospel. An increasing number who, despite many years spent in preparation, find themselves barely equal to the demands of every day's work, are resolved that future generations of nurses shall have something more nearly representing a "square deal" in the way of education than they have had. They have come to feel that the ideal of service to the community is a bigger thing than the older ideal of purely individual service and they are not prepared to serve any longer simply as "handmaids" to individual physicians or even to groups of physicians in hospitals. Their service is primarily to the sick patient and to the community, and their duties

⁷ See Report of the Hospital Conference Committee on "The Creation of a System of Trained Attendants, together with the Action of the Hospital Conference Thereon."

and training must be determined by these factors and not by the natural enough desire of certain institutions and individuals for submissive workers.

At the present time many hospitals are suffering from a shortage of pupil nurses, and if one had any doubts of the economic value of the pupil they would be dispelled by the great concern over "how to get the work done." Side by side with the hospitals that are trying to manage with reduced classes are others that have all their classes filled, and almost invariably one finds that these hospitals are sensing the wider aims and are giving their pupils opportunities that are truly educational. The problem of caring for the patients is being solved without the evident stress and strain that exists where the staff is quite too small to do the necessary work even without any attempt being made to pay them for their work in terms of education.

With this picture in mind an impartial observer is justified in asking, "What are the aims of Nursing Education?"

Granted that the claims of the hospital are urgent, that the sick must be cared for, are hospitals justified in conducting schools of nursing that offer *education* in return for three years of service and then deliberately aim to produce a skilled worker conversant with all the details of work in that particular institution and capable of rendering efficient bedside care *only*?"

Or are the claims of the community to be considered? These claims are loud and persistent and call for women of education, with a broad social background, of democratic ideals and ability to translate these ideals in terms of service, with a knowledge of the underlying principles not only of nursing care, but of the maintenance of health and the prevention of disease; with organizing and executive ability, and for many positions with the personality essential to leadership.

In a democracy, it would seem that this question can only be answered in favor of the claims of the community. It does not seem reasonable to expect that an apprenticeship system which turns out a highly specialized and dependent worker, can attract approximately 15,000 American young women annually. Despite all the glamor of hospital life, this seems unlikely. And even though the acceptance of the second ideal calls for many changes and many difficult adjustments, any one who has caught even a glimpse of what nursing schools might become, from the standard of education, and the highest ethical ideals of community life, can only hope and work to bring about the day when all will accept these higher aims.

AN EXPERIMENT IN THE CENTRALIZATION OF NURSING
EDUCATION IN KANSAS CITY

BY HELEN FARNSWORTH, R.N.

On September 2nd, 1919, thirty-eight students from six hospitals of Kansas City, Missouri, entered the Junior College of that city for a twenty-weeks course covering the studies outlined in the preliminary course of the Standard Curriculum.

This was the realization of a plan undertaken by the Kansas City League of Nursing Education to place more directly under the Public Educational System this phase of higher education, just as school teaching and other such special types of preparation for serving the public had long been placed under this system. The idea was stimulated by a summer's work at Teachers College and by the urgent need for raising the standards to meet the requirements of the American Nurses' Association.

Contrary to all expectations, no obstacles were raised by the Kansas City Board of Education nor by the Superintendent of Schools, Mr. I. I. Commack. The latter referred the details of the plan to Mr. E. M. Bainter, Principal of the Junior College, who has proved an invaluable friend to the nurses. This college gives the same work as the first two years of the State University and receives full credit with the University of Missouri for the courses covered. It has ample class and laboratory equipment which is used by the nurse students. These students are enrolled probationers of the hospitals concerned: at first six,—later eight. The hospitals are as follows: Christian Church, Research, Wesley, Swedish, St. Luke's and Mercy and later: Bethany Hospital Training School of Kansas City, Kansas, and Independence Sanitarium, Independence, Mo.

The students are on duty four hours daily in the respective hospitals, usually 7-11 a. m., are at the college 1-4 p. m. each school day, and receive maintenance and all expenses for laboratory fees and in most instances text books and car fare from the hospitals.

The league decided, for both training school and pupil, the requirements for entrance, the course of study, and the appointment of nurse instructors. The Committee on Education of the League has the responsibility of the details and holds frequent conferences with the college instructor and representatives from the hospitals to keep the two activities closely correlated. It was thought better to use several nurse instructors from the various hospitals to keep all closely in touch with the work, rather than just one nurse taking all subjects not taught by college instructors. Consequently, Anna B. Murphy of Christian Church Hospital Training School taught

nursing procedures, using a fairly ample equipment at the college assembled from the hospitals; Anna M. White of Research Hospital taught Drugs and Solutions; Eleanor Hamilton, Superintendent of Nurses, of Research Hospital taught Hospital Housekeeping; and Helen Farnsworth taught History of Nursing.

Three instructors at the college taught Anatomy and Physiology, Bacteriology, Chemistry, and Food and Nutrition, having excellent laboratory work with equipment for each student, including microscopes and all apparatus for the work. No students are allowed in these classes but the nurses.

The entrance requirement has been raised from two years to four years of high school. The preparatory course as at present given includes 290 hours of theoretical work divided as follows:

Nursing (including Bandaging,	
Theory and Practice),	60 hours
Anatomy and Physiology,	60 hours
Bacteriology,	20 hours
Chemistry,	30 hours
Hygiene, Personal and General,	20 hours
History of Nursing,	20 hours
Psychology,	20 hours
Nutrition and Cooking,	40 hours
Drugs and Solutions,	20 hours

(Psychology not taught after the first semester.)

Thirty students completed the first course in January, 1920; twenty-one completed the second course, and on September 6, 1920, the third group of fifty-two began the course and they are about to complete their work.

The hospitals and training school committees are much pleased with the results; the students feel they are really receiving a higher education for a useful and valuable profession; the public is taking an interest in nurse education, and more than all,—the Board of Education is awakening to its responsibility along this line, as shown in its liberality in meeting expenses for instructors' salaries, equipment and maintenance. Further plans which include enlarging the space for this work, possibly by new buildings, may materialize in the next few years.

FOREIGN DEPARTMENT

IN CHARGE OF

L. L. DOCK, R.N.

Secretary International Council of Nurses

INTERNATIONAL PUBLIC HEALTH SERVICE

The most interesting news in foreign nursing affairs, just now, is that of the International nursing plans under the Red Cross Leagues. As our own Red Cross has a JOURNAL department, we have expected to read there of the organization work of Miss Fitzgerald and her colleagues, and no doubt Miss Noyes will write it up on her return.

The nurses selected from the various countries are studying at the College of Nursing, Kings College, London, preparatory to taking up their fields of work at home. This should make a wonderful chapter for the History of the American Red Cross Nursing Service, now nearing completion, being indeed nearly ready for Miss Noyes' finishing touches.

It is a race, the whole world over, between the powers of life conservation and death dealing. The former seem sometimes by comparison with the latter, pitifully frail, pathetically penniless, and remind one of young David, armed only with his sling, meeting the old Goliath in all his armor, (his feet, no doubt, planted firmly on all the kerosene supply of the world).

With us at home, the two powers are typified by our women, besieging Congress for a pittance to support the Maternity and Child-saving act, in comparison with the sums of unheard-of hugeness that are demanded by Army and Navy.

But we take comfort from remembering that David overthrew the giant. So, too, can women, if they will, overthrow the blight of this strange idolatry of Molach. As to child saving, we have been interested to learn, recently, that in Australia and New Zealand, where the best results have been gained, birth-control is a part of the child conservation, and a natural, logical part. More should be said about this, for it is not generally known, and especially in our country, where there is so much legislative false modesty and ignorance of what more advanced countries are doing in humaniculture; it is important to know that birth control is immediately related to the highest type of human product. Have we not all heard of the magnificent beauty of the Australians, and do we not know their quality? All our soldiers came back from France talking about it.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF
EDNA L. FOLEY, R.N.

ILLINOIS.—The Infantile Paralysis After-Care Committee of the Visiting Nurse Association of Chicago, together with the Home for Destitute Crippled Children and the Country Home for Convalescent Children recently entertained Dr. Robert W. Lovett of Boston, who addressed the members of these three boards and their friends on the subject of after-care of infantile paralysis.

During the course of his lecture, Dr. Lovett emphasized that there were three things which added very greatly to the comfort, economic value and personal happiness of cripples: first, the ability to sit down; second, the ability to walk, with or without crutches; third, the ability to go up and down stairs. So many cripples are confined to beds, to wheeled chairs, or to walking on one level, that he especially emphasized these three things.

In a recent study made of the 811 cases under the supervision of the committee and of the twelve nurses who devote all of their time to the home after-care, it was brought out again and again that children supposedly hopelessly crippled when first seen, had been aided in all three ways. A statistical study of the results is not yet completed, but during the year, 17,528 visits to the homes of children have been made and more than 200, of the 630 children carried on the books when the year closed, were attending either public schools or were in special rooms for crippled children in the public schools. Perhaps one of the most interesting families in which the home care of the nurses has meant a great deal is the following:

During the latter part of August and the first of September, 1920, four children in one family, between the ages of seven and fifteen years, became ill with infantile paralysis. When they returned from the hospital, the younger boy showed no signs of paralysis but a general weakness, such as results in any acute illness, from which he quickly recovered. The older boy had a marked weakness of the left leg; he was unable to maintain balance or bear any weight on this leg. After the usual care he improved sufficiently to be able to attend school within four months after the illness. A muscle examination shows normal power. The older girl had a moderate degree of paralysis of the right arm, the shoulder muscles showing only a slight trace of power. She, also, attends school again, is able to use her hand in writing, and the entire arm has gained remarkably. The younger girl has not been as fortunate as the other three. Her paralysis was more severe and extensive. The abdominal and back muscles and those of both legs were affected. She has been kept in bed to guard against a curvature of the spine, but is now wearing a brace and beginning to sit up. The mother has

worked with the nurses splendidly. She deserves a great deal of credit for her untiring efforts in the care which the children almost constantly require. Through it all she has been most patient and cheerful.

ITALY.—Word recently received from the Public Health Nursing courses in Italy, established by the Tuberculosis Commission of the American Red Cross in the years 1919-20, tells us that the fourth Rome course was opened in October with an attendance of twenty-five pupils, all of whom were either graduate nurses or Red Cross nurses who had had war hospital experience. In addition to this, the third course in Florence opened in January and courses have been planned in Trieste, Milan and Turin. Nurses attempting pioneer work in isolated places, whether at home or abroad, will be interested in the quotations from a letter just received from Georgianna Sheldon, Director of the American Hospital for Italian Wounded Soldiers maintained in Florence during the war:

It is surprising, almost overwhelming, the success of your work. When I recall that awful meeting which we called together in January or February, 1919, to meet Miss Gardner, to talk the matter over, nine out of ten people were hostile or absolutely indifferent. Two months later, when some prominent Florentine women presented the visiting nurse course, planned by Miss Gardner for Rome, in a local committee meeting, the leading doctors present ridiculed the idea.

Day before yesterday (December, 1920), I was at a meeting of the Council at the Maternity Hospital and much time was spent by Doctor F. in lauding the work of the visiting nurses, and members of the Council loudly asked that every effort be made to increase their number.

The new course begins January third. See what you have done for us! It ought to be a pleasant thought for the New Year.

SMALLPOX AND ITS CONSEQUENCES.—Visiting nurses will be interested in the following letter from a former Chicago visiting nurse whose name and present location for obvious reasons have been omitted:

The school work has kept me very busy the past month as we have had a smallpox epidemic. During the height of the epidemic more than sixty families had it. In one family a father and six children were ill and to make matters worse, the mother gave birth to a baby boy. Fortunately the majority of cases were mild and no deaths resulted.

No doubt Mexican beet workers carried the smallpox into the families and as nothing had been done during the past ten years, towards having the school children vaccinated, the spread was rapid. I urged vaccination last fall but it took a little time before the school board passed on it. Now nearly all of the children have been vaccinated and of those who would not consent to it, only forty were excluded from school for a period of three weeks until the epidemic was over.

We kept the schools open; in fact, in a small town where people think less of having smallpox than of being vaccinated, it really was the safest thing but it required work to discover all of the suspected cases. Instead of going to the various rooms to inspect the children, I asked each teacher to question all of the children as to their health, and also as to any illness at home, each morning before

they were permitted to take their seats. Those who had colds, sore throats, back aches, or headaches were sent to me and, if necessary, excluded. In addition to this, each teacher gave a list of absentees (absent more than one day), each morning at nine-fifteen, and I endeavored to call each one who had a telephone. In some instances this conversation made the parents look more closely at the children and a rash was discovered. A number of children were excluded from school on account of high temperatures and headaches, who later developed smallpox.

During the height of the epidemic the City Council wanted me to investigate suspected cases in the homes and a machine was placed at my disposal. The mornings were spent in the schools and in the afternoons visits were made all over town, sometimes four miles out into the country. In one place, three miles out, a school child had every evidence of smallpox but the mother thought nothing about it and had called no physician. She told me she was going to town that afternoon to visit her sister, just operated upon at one of the hospitals. Of course she did not go.

Rich and poor were affected alike and quarantine signs were seen all over town. It makes it hard for the wage-earner to be quarantined for several weeks, yet the people responded very readily to appeals for help. When the epidemic first started, a child excluded for contagion returned a few days later with an admission note signed by one of the leading physicians. On looking the child over, I found the rash in various stages of development and although it made me more than a little trouble, I told her that she could not remain in school. Later my action came to the attention of the other physicians in town and instead of being censured, I was upheld. This child was the cause of much trouble, as she was permitted to play with other children on the streets for several days before quarantine was finally enforced.

There are many problems to meet, even in a small community, and to have no one to turn to for advice makes it difficult at times.

It is just such nurses as this, who are brave enough to do their duty in spite of its difficulties, that the National Organization for Public Health Nursing is trying to help.

FRAMINGHAM MONOGRAPH No. 8 is a compilation of health letters reprinted from the Framingham Evening News. While all of them are helpful, the ones on smallpox and vaccination, page 61, are particularly significant just now and every nurse working alone or with a group will want to read them. The pamphlet is one of the best textbooks for nurses who must do a good deal of instructive work, that has been published for some time, and every nurse will want to own it for the clarity of its style is only exceeded by the brevity of its articles. Meaning has never been sacrificed to conciseness but the articles are brief, simply written, very much to the point, and will be as helpful to the nurse herself as to the families in which she uses the material. The following quotation from the first letter on smallpox is especially pertinent right now:

Our forefathers respected smallpox. Vaccination has lessened its frequency and severity for us and has made us indifferent to it. Consequently, fewer people

get vaccinated than was formerly the case. Many are vaccinated in childhood, but it must be remembered that this holds good for only five or six years. Therefore, at the present time, there are probably more people in the world who are susceptible to smallpox than there have been at any time during the past few centuries. This is a serious matter, and may be the soil for a tremendous outbreak.

THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING.—At a special meeting called in New York City on December 11, to discuss ways and means of further support of the organization, the members present unanimously voted to change the by-laws covering dues so that in 1921, the dues for active and associate members are increased from \$2.00 to \$3.00 each, and the dues for corporate members employing twenty-five or fewer nurses increased from \$5.00 to \$10.00 each, and dues for corporate members employing more than twenty-five nurses increased to \$25.00. The following statistics cannot fail to be of interest to all graduate nurses, whether actively engaged in public health nursing or not:

	<i>Receipts</i>	<i>Disbursements</i>	<i>Dues</i>	<i>Per Cent</i>
1914	\$ 8,856.66	\$ 7,103.12		
1915	10,120.13	9,150.64	\$2,261.45	22%
1916	11,049.77	10,881.41	2,551.20	23%
1917	22,414.33	22,553.57	3,472.00	15%
1918	49,600.29	42,792.92	5,280.25	10%
1919	*81,385.13	81,501.10	6,449.50	7.9%

*Including Scholarship Fund of \$10,000.00.

Much as we appreciate the splendid help that our non-professional members have given us all these years, the nurses themselves surely realize that the organization can never be as strong as we wish it to become, unless more money is raised either from or through the nursing membership. Therefore, in its new campaign for sustaining members, the organization is asking every public health nurse in the country to secure not less than two non-professional sustaining members whose moral support and newly acquired interest in this big subject of public health nursing will eventually mean a very great deal for the cause of public health.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

ALICE SHEPARD GILMAN, R.N.

STRUGGLES OF THE PIONEERS¹

BY ANNA C. MAXWELL, R.N.

Presbyterian Hospital, New York

The events of the late Nineteenth and early Twentieth Centuries have wrought many wonderful changes; probably none of greater moment to the human race than the advance made in Medicine, Surgery, Bacteriology and Nursing. In the past forty-seven years since the Bellevue Hospital of New York, the Massachusetts General of Boston, the State Hospital at New Haven, Connecticut, opened their doors to the establishment of the Nightingale system for the scientific training of the nurse, there have been many years of waiting adequate means for instruction, for better conditions of living, shorter hours, and recognition as a profession.

The pioneers of nursing had to have courage, patience, and perseverance of rare quality. They had to convince the medical profession, the hospital management, and the public, of the value of instructed nurses, of the interdependence between medicine and nursing, and to gain the moral and financial support of our best people. It was no simple task to parry their questionings; to give convincing proof of the importance of what was then looked upon as "menial service"; to gain coöperation from the unbelieving, and to storm the doors of legislation to secure state registration for nurses and the proper recognition of our Army Corps. I have been privileged to see many of these changes and to participate in some of the royal battles that have brought us by determination and faith in our ideals to the present status as a recognized profession. Possibly a few of the details of our beginnings may help to inspire our successors to less complaint of their hardships, taking them in a sporting spirit, learning to play the game, leading to a higher conception of the spirit of service.

Florence Nightingale has said that our aim should be "health" nursing, instead of "sick" nursing. Can a higher service be rendered mankind than is in our power to give?

¹Read at a meeting of the New York State Nurses' Association, Albany, N. Y., October, 1920.

Part of my training was taken in a Woman's Hospital. The wards were arranged for four beds. Between each two wards there was a nurses' room, used by day for convenience of ward work and occupied by the nurses for sleeping at night. A supervisor made rounds on the wards at night, and when the patients required any attention more than she could give as she passed, the day nurse was called. If the nurse proved to be a light sleeper with keen interest in her patients, she knew much of what happened during the night and was often called upon to help out. If beds were full, each nurse gave semi-private care to eight patients, keeping the ward bathroom clean, doing the dusting, and so forth. Twelve-hour service was required, with one afternoon off duty each week. There was no elevator, and when new patients arrived or operative cases had to be carried, the nurses were pressed into service. Instead of a stretcher, as we know it, a six-foot wicker basket with three handles on each side was used, and we had to stiffen our spines in order to reach the third story with one hundred and eighty pounds weight aboard.

We learned much of good bedside nursing when a good superintendent was in charge, but they were ever changing and the doctors did not approve of our knowing the object of treatment or the contents of the medicine given. In explanation they said that nurses would imagine results if they knew what was expected.

In the maternity department, we had charge of six women and six babies; they had to be ready for "rounds" at eight-thirty in the morning, babies bathed, women's beds made, and binders fresh, pinned one inch apart. We went on duty at five in the morning, breakfasted at seven-thirty, and had an hour off, sometimes! All diapers were washed out by the nurses and there were douches galore. Digital examinations were forbidden. We were to judge when to summon the doctors by the cries of the patients. Lectures were good, but irregularly given, and there was no time for class work or quizzes.

At a later date, and under the guidance of Linda Richards, the first American graduate, a woman of rare intelligence with a vision of the future of nursing ever before her, I was to learn the elements of scientific training.

The probation term was one month; the course two years; two weeks of holiday each year. On entrance to the school, I was escorted to a small room off a women's ward, containing four beds, two bureaus, two chairs, pegs on the wall for costumes, and the use of a lavatory and bathroom shared with the ward. When we retired, we pushed the beds apart to get in, and sometimes entertained a stray night nurse who occupied the bed by day.

My first ward was a men's surgical, of thirty-two beds, staffed

by a head nurse, (a Bellevue graduate), one pupil nurse, one probationer, a day and night orderly. We swept the floors, dusted the wards, kept the bathroom and lavatory clean, listed the laundry, served the meals, washed the dishes, cleaned the ice box. A ward maid was added later. When the beds were full, we each cared as we might for sixteen patients. Many of them recovered, despite our ignorance and the crude attention our limited time made possible. The service was active and there were few fractures or wounds that did not come before our observation.

Schools were established rapidly after the first five years of trial. Hospital authorities had found out how cheaply and effectively they could get their work done. This naturally created a consequent shortage of graduates to take up the ward teaching of the pupils, as head nurses. To fill this gap, pupil nurses after a few months' training were put forward as heads of wards, and it fell to my lot to take charge of a large women's medical ward of thirty beds; staff, two assistant nurses of the old type, a pupil night nurse. These "ladies" changed their dresses at the noon recess and attempted to occupy rocking chairs most of the afternoon. The condition of the patients was unspeakable; bed sores, tangled hair, unclean heads, and bodies. As an example: I asked one woman to remove a bandana handkerchief which I noted she had worn continuously. After much expostulation, this was accomplished, when lo! the scalp, with only a few hairs, was black with pediculi. Fortunately, two pupil nurses, willing to work, took the places of the "ladies of leisure" and better conditions were established.

There was an infinite variety of things to learn, as the service was divided between three sets of attending physicians. When on "rounds," the third day, in answer to the attending physician's questions, I said (being truthful), "I don't know," he looked severely over his glasses and remarked, "Who should know if the head nurse doesn't?" I then realized that the head nurse must have a marvellous memory, unlimited intuition, and that she must be vigilant and omnipresent! The field of instruction could not be covered at once and we simply had to take up many things as the devil did sinning. Crude carbolic crystals were sent for use in the wards, and one of my classmates had her face disfigured for life while melting them into solution, as she did not know that carbolic acid destroys tissue. Temperature charts were in use, but bedside notes were unknown; we were expected to have the mental equipment to carry all details in our heads. My first head nurse impressed upon me the fact that it was a sin to forget anything connected with the sick. We were taught to recognize "laudable pus" when dressing wounds, to catheterize by

touch under the bedclothes, without cleansing the parts,—with resulting cystitis, and many other obsolete methods. Enemata were given with a bulb syringe with a four-inch hard rubber nozzle; a starch enema, given in cases of dysentery, was administered with a hard rubber piston syringe with a ten-inch point which we tried to insert without causing a fissure of the rectum. The stomach content was evacuated, when poisons had been taken, by tickling the back of the throat with a feather or the finger.

The hospital beds were eighteen inches from the floor. In the typhoid season, sponges for reduction of temperature were ordered every two hours, when the temperature rose above 103 degrees. These sponge baths had to be given kneeling, to save strain on the nurses' backs; result,—housemaid's knee. When the number of typhoids in my ward reached seventeen, with temperatures soaring high, I remonstrated at the school office and was told I'd have to get on with the present staff (two pupils). I burst out with the remark: "You are killing one set of women to make well another!" I wasn't dismissed for my impertinence, although I expected to be, and one ceased to care what happened when overwhelmed with such heavy responsibilities. The next day, another pupil was sent as an extra for the typhoids and she proved to be a treasure, giving us a new lease on life. In those days the public had a horror of hospitals and the typhoids came too late for effective treatment. The Brandt bath was just being introduced into this country. The patient was transferred on his bed to the bathroom every three hours for this bath. As many of them were almost moribund on admission, we did not see a single recovery from this treatment. Prejudice against the method followed, and the use of the tub bath in the treatment of typhoid did not become popular till ten years later.

Transferred to the charge of a gynecological ward, mixed cases, with private rooms and an operating room attached, many things happened to remove any lingering traces of conceit I might have had.

Malingering was common in city hospitals. Mercury in the thermometer was often shaken up or raised by the heat of a hot water bag when our backs were turned. Blood sucked from the gums was swallowed and vomited up, and we found difficulty in believing any of the reported symptoms not visible to our eyes. A patient too weak to leave her bed got out of a third-story window in a fit of delirium, crawled along a gutter, and fell to her death. No windows were barred. Bars were only used for the detention of prisoners and the insane, and many lives were sacrificed before intelligent managers were willing to place such safeguards upon hospital windows. Imagine the responsibility of the nurses.

Later I was given charge of a large men's surgical ward, where I saw the first attempts at the introduction of the antiseptic or Lister method of dressing wounds. (When in London, in the summer of 1876, I had read the famous articles by Lord Lister upholding the germ theory, describing the new method of preventing introduction of germs into wounds,—in short, the method that revolutionized modern surgery!) In the operating room a carbolic spray, from an atomizer holding two quarts and weighing several hundred pounds, was put into our hands and orders were given that we were to keep our eyes on the field of the operation and see that it was constantly sprayed. The safety pin was carbolized and instruments were dipped in carbolic, but the finger nails and hands of the operator were never made clean. Gause charged with carbolic and some form of wax, baked in a special oven, was used as dressing for the wounds. Under this method, in my nine months' experience in this surgical ward, I saw one wound heal by primary union; the wound was sutured and dressed by the same hand and no infection introduced. The Lister method emboldened surgeons to undertake abdominal surgery, but I saw before graduation in 1880, only one operation for ovarian cyst. When sudden emergencies arose in the hospital, we considered it an honor to be called upon for special duty in tracheotomy or other severe cases where a life was in danger, and night work was often undertaken after a strenuous day.

As for class work, lectures and examinations were held regularly, although all lectures were given in the evening. As a special privilege, two of my class were taught massage by Dr. Douglas Graham and we gave lessons at night to the other pupils during the remainder of our course.

The attending staff was generally appreciative, although some of them objected to waiting for screens and there was little thought for preserving the modesty of the sick. The house staff was quizical. Why had we chosen such disagreeable work? Did we ever expect to be received by our social friends after taking such a radical step? We did not feel resentful of necessary criticism, but found many unnecessary things humiliating. A notice appeared on our bulletin board one day, stating that employees and nurses must enter and leave the building by the basement door. This was because the porter complained that he had to clean the dust too frequently from the upper corridors. But for the high regard in which we held the superintendent of our school, I think the whole body of students would have left.

On graduation, I hastened to accept an appointment to establish a training school in a distant city. There I found everything bending

to the will of the attending staff; hospital funds were taken to purchase champagne to be used in building up reserve forces of patients to be operated upon, while ragged ticks filled with straw were the only beds provided for patients, and a basket full of straw could be swept up after students' rounds. The laundry was inadequate. Damp linen was sent to the wards to be hung as decorations (?) upon any available space until dry enough to use. The hospital was crowded and there was no division of the services. Available beds were used for surgical or medical cases, as they were admitted, with the result that the lungs of a suffering T. B. patient were often filled with smoke from his neighbor's pipe, the neighbor being a strong, lusty man with a fractured femur.

An attempt had been made to remedy defective ventilation by bringing air into the wards through large pipes a foot in diameter. These pipes were fitted with dampers. The dampers had apparently been closed for years, for pails full of dust fell when I opened them.

Examination of urine was carried on in the wards. Specimens were placed on a table, and each student examined them at will, from one to three days later. Add to this the fact that all lavatory utensils were of opaque china, filled with sediment of long standing, and you can imagine the resulting odor. After much persuasion, the attending staff decided to establish a laboratory, and I had one fitted up in the hospital. When the college opened in the autumn, however, the request came to return to the old method, as the student must have the specimen to examine at the bedside of the patient.

Bedside notes were unknown. In a few instances, I induced the nurses to keep records of serious cases. Presently the doctors began to ask to see them, and later, they were introduced. The surgeons criticized our counting sponges in cases of abdominal section, but later adopted the method after several lives had been lost from sponges being left in the wound.

Plaster casts and bandages were made from one and one-half to two inches in thickness, with strips of iron on either side to keep them from breaking, with the result that the patients were unable to carry them about on leaving their beds.

The nurses were sleeping in cubicles built into an old ward, and after a stormy night, their beds were often festooned with snow. No sitting room was provided. The dining room was presided over by an autocrat who required each nurse to take her food from a side table, wash her own dishes, and place them in the cupboard after the meal. There was small inducement for women of a refined type to enter the school, only four really suitable candidates offered, and the

trustees decided to defer the plan. Ten years passed before a school was made possible through necessary reforms.

Later, on my return from an inspection of English hospitals, I was asked to take charge of a school at one of the oldest, most conservative, and richly endowed hospitals in our country. The school had been organized by a committee of intelligent men and women interested in improved methods of caring for the sick, who had gained the consent of the trustees to introduce the Nightingale system of training nurses. The applicants to this school were interviewed and selected by the committee and handed over to the superintendent for training. The apprenticeship method was in full sway, although education of the nurses was supposed to be one of the first considerations. Probationers came in one by one, as the need presented itself, and were initiated at once into ward work. Mopping the floors of the wards was the first lesson; the second, cleaning the ice box. Never have I seen floors so clean nor ice boxes so immaculate. For two years I taught every probationer on entering, these duties. Fortunately there were graduate head nurses in charge of the wards, and a ward maid was provided for each two wards. When, after many struggles, the superintendent of the hospital was converted to higher ideals, he offered two maids, costing the hospital just \$240 a year, with board.

There was a splendid service. Graduate specials were unknown, and the pupils had the experience of fine, exacting, bedside nursing. There was eleven-hour duty, with an afternoon and, sometimes, two hours on Sunday, for off time.

The operating room was presided over by a male nurse who had served in the Civil War. When I suggested introducing pupil nurses into the operating room, he told the surgeons it would be accomplished only over his dead body. Six years later this was done, and he survived!

The operating room in those days was interesting. Two red plush cushions, furnished with every kind of surgical needle, threaded with suture silk, were hung on the pillars on either side of the amputheatre. From these, the surgeon made his selection. In conversation, one day, with a surgeon of world-wide reputation, he remarked with pride that he had operated in this double breasted broadcloth coat for twenty-five years! The first operating gown, introduced by a member of the house staff, was a sheet folded over a string and tied around the neck. Later, the attending surgeons became interested in this protection and sterilized operating coats and gowns were provided.

About this time the sea sponge was superseded by the gauze or

woolen sponge which was sterilized. Some of you may recall that in the preparation of the sea sponge, from fifteen to twenty waters had to be used, and every part of the sponge carefully examined by the fingers. Endless time was consumed in this way. Crocks filled with carbolic were marked for each day of the week, so that the sponges used on Saturday were not to be used again until the following Saturday.

In each men's ward, a tray for catheters, with a cup in the center to hold a glass of oil, was kept on the table. The oil was changed weekly and unsterilized catheters were used. Some patients, allowed to catheterize themselves, kept the catheter in the commode at the bedside. Reform was brought about by a member of the house staff who learned from the records of previous cases, that numbers of operations had been complicated by cystitis.

The instruction had to be covered largely by the superintendent of the school who undertook all class work. Twelve lessons in cooking were given at an outside school; twelve lectures, and the examinations were given by the attending staff; the house staff gave a few lectures on request and many a member of our older group will recall with gratitude the invaluable bedside instruction given by these men.

With the advance of medicine, through bacteriology and research, our responsibilities became greater, strict accuracy was required and the nursing staff was increased. As the hospital expanded, the nurses' residence grew smaller, and it was difficult to convince the trustees of that richly endowed hospital that more and better living facilities must be guaranteed for the school. A crisis was reached when it was discovered that ten night nurses were sleeping in day nurses' beds. On presenting the facts, I learned that no additions would be made to our dormitory during the ensuing year. I insisted upon the trustees making a personal inspection, with the result that two stories were added to the residence at once.

At another hospital where a school had recently been established, I found the pupils collecting and bringing to the wards all supplies of drugs and laundry. Never shall I forget seeing a frail nurse tumble over the stairs and roll down, with one of the huge bags of soiled linen rolling after. In this hospital, marbles were coated with sediment beyond recognition; ward chimnies were filled with dust; tuberculous patients were allowed to expectorate into sawdust tubs that were seldom emptied. Handkerchiefs used by tuberculous patients were kept dry a whole week to be washed on a special day. Stuffed chairs, of ancient and venerable design and covering, decorated the wards. Nurses had to measure endless doses of medicine by the light of a flickering gas burner high above their heads, in rooms with no

windows. Small wonder that some lost their health as well as their courage! Many brave souls, however, withstood these vicissitudes and reaped a rich reward in seeing the eyes of the blind opened to the importance of a thorough nursing education and of every human being's right to health.

In conclusion, let us urge upon our splendid corps of young nurses, the necessity of differentiation between the important and the unimportant, making light of the things that cannot be remedied, and counting it a good sporting chance to build up a splendid and lasting work upon a slender or discouraging foundation. To keep a true sense of proportion amid conflicting interests; to see the ebb and flow of events demolish our cherished hopes, or to wait years for results and then begin over again,—these require undaunted courage. A high privilege of service has been opened to the nursing profession. Let us prove worthy of the trust.

A special committee of the National Association for the Study and Prevention of Tuberculosis announces the exact proportions of the double red cross, the international tuberculosis emblem, which have been adopted for use in the United States. Every organization or institution dealing with tuberculosis will be urged to use the emblem in its correct proportions. The width of the cross is taken as the unit in determining the proportions. The length of the lower leg is 7 units; the arms are 3 units on either side; the point above the arms $2\frac{1}{2}$ units; and the distance between the arms $1\frac{1}{2}$ units. These measurements hold good for any size.

The double red cross was first adopted as the symbol of the International Anti-Tuberculosis Association in Berlin in October, 1902. To-day the emblem is being used by anti-tuberculosis workers in every part of the world, even in Iceland, India, South Africa, Labrador, Japan, China and the Philippines. In the United States over 1200 anti-tuberculosis associations and committees, nearly 550 sanatoria and hospitals; 400 dispensaries, and about 200 open-air schools, besides a number of other organizations, are using the double red cross as their emblem. Wherever it is seen, it means war against tuberculosis.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVEL

NORMAL BLOOD PRESSURE.—*The Journal of the American Medical Association* says that blood pressure changes with age, as well as with other factors. It appears that the blood pressure in young women is more uniform than in young men. In experiments, the range for women was practically from 85 to 155; for men from 90 to 175. Fifty per cent of the women's readings fell between 105 and 119 mm; fifty per cent of the men's readings fell between 116.5 and 136.5 mm. High blood pressure appears earlier and to a greater degree in young men than in young women. It is suggested that over 130 mm for women and over 140 mm for men are abnormal.

DRUG ADDICTS AND PROHIBITION.—It is stated that examinations conducted by the *Narcotic Division of the Bureau of Internal Revenue*, embracing several thousand drug addicts, revealed no evidence of an increase of the narcotic habit since prohibition went into effect.

THE HUNGRY BABY.—It is believed that breast fed babies who cry at a particular time each day, usually the late afternoon and at night, do so from hunger. Supplemental and complemental feeding, given with a cup and spoon should be tried.

RESUSCITATION IN ANESTHESIA FATALITIES.—*The British Medical Journal* says that the stopping of the circulation for thirty minutes means death. After that time, neither cardiac massage, nor artificial respiration is of any avail.

TYPHOID CARRIERS.—A writer in the *Journal of the American Medical Association* says endemic typhoid will persist as long as persistent infectiousness is undetected. The gall bladder is the seat of this danger. In the event of the typhoid bacilli persisting in this locality there is only one safe procedure,—cholecystectomy, which removes the source of infection and the danger of its transmission.

APPENDICITIS.—It is stated in the same *Journal* that if appendicitis begins with pain and vomiting, the indications for operation are positive, as gangrene or suppuration must be present. The pulse and temperature not being alarming is not a contraindication for operation.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

CHRISTMAS WEEK IN THE LANKENAU HOSPITAL, PHILADELPHIA, PA.

Dear Editor: Christmas is, apparently, the most wonderful celebration that Christianity hath endowed to mankind. In the Lankenau Hospital, the medical staff, the internes, the nursing force, the patients, and the servants are all given an equal opportunity to indulge in the beautiful worship which is made possible by the numerous services held in the various wards and departments. The hospital is converted into a veritable fairyland by means of holly, mountain laurel, evergreen and Christmas trees. The Christmas service for the patients is celebrated one afternoon in Christmas week. Ministers from various Lutheran churches in Philadelphia officiate. An address appropriate to the occasion is given and Christmas carols are sung at this service. Gifts are distributed by the supervisors and house mother and the gratitude of the patients is not only made known by words of appreciation but by the shining eyes and beaming faces which meet one everywhere. On Christmas morning, a group of pupil nurses, rising early, sing carols to the patients. The Christmas festival for the pupil and graduate nurses is held on one of the evenings of Christmas week. After a short address and the singing of Christmas songs the nurses spontaneously drift back with the memories of childhood and catch the contagious spirit of Christmas joy in opening gifts and feasting on Christmas goodies. The Christmas service for the deaconesses is held in the Chapel of the Drexel Home. The doctors and nurses are invited to this service. An impressive Christmas program is rendered. Christmas in the dispensary and social department of the hospital requires a special afternoon of Christmas week. Useful gifts have been prepared by the social service and dispensary workers. A tree and a room are made festive and the poor in whom this department is interested are given a real Christmas. After a short service, gifts are dispensed and refreshments are served. The real joy awakened in the lives of these recipients brings to those who make possible this result that keen sense of satisfaction which is the greatest possible reward. There is also a festival for the servants, the gifts being prepared by deaconesses. The master thought of the authorities of the Lankenau Hospital and Drexel Home is to bring a real Christmas to every person connected with the institutions. The light of the Christmas Star thus sheds its wonderful message and brings peace and love into the hearts of all those whose minds can be penetrated by its kindly rays.

E. B.

THE COMPLICATION OVER REGISTRATION FEES IN ENGLAND

I.

Dear Editor: May I, an English subscriber to THE AMERICAN JOURNAL OF NURSING, draw the attention of your readers to a very misleading paragraph under the Foreign Department of the October number of the JOURNAL? It reads,—"Early in its history, at a time when the college (The College of Nursing) probably expected to control state registration, it made nurses the following promise: 'If, therefore, you are on the College Register, you will automatically and without further fee be placed upon the State Register when the Nurses Registration Bill is passed.'" The writer goes on to say,—"Attracted by this promise, many nurses, we have been told 15,000 in all, registered with the college by paying it their fees." Now, what are the facts? The writer is quoting piecemeal, and

has omitted the most important part of the clause referring to the position of the College and State Registration. The full paragraph runs as follows: "The Council of the College of Nursing has drafted a 'Nurses Registration Bill,' which provides that the Register already formed by the College of Nursing shall be the first Register under the Act. If, therefore, you are on the College Register you will automatically and without further fee be placed upon the State Register when the 'Nurses Registration Bill' is passed." The significance of the omission of the first four lines will not escape the notice of your readers, and similarly the omission of the inverted commas. The bill which actually did pass was not one drafted by any nursing organization, but by the Government, and it was passed with the support of all nursing organizations, including the College of Nursing, the largest nursing organization in the United Kingdom, representing nearly 20,000 trained nurses. May I suggest that the writer of the Foreign Department when wishing to give any information to your readers concerning the British College of Nursing, should apply to the College itself for particulars, which will always gladly be given. I mention this because the *British Journal of Nursing* in its issue of July 31, 1920, made the identical half quotation to which I have taken exception, and it would seem, to say the least, unnecessary to quote from other sources when first hand authority is available.

MARY S. RUNDLE,

Certificated St. Bartholomew's Hospital, London.

Secretary, College of Nursing, Ltd.

Certificate, Teachers College, Columbia University, New York.

II.

Dear Editor: In my simplicity I omitted the first four lines of the paragraph above because I thought their meaning was the same as that of the last four,—not in any way different. Do the first four lines contain a joker? Nurses are not skilled in verbal subtleties, and they received, from the whole paragraph, the impression that, in paying a fee to the college, they were securing their State Registration. Evidently they should have known better. Miss Rundle's letter implies that they should have reflected: "Suppose that the 'Nurses Registration Bill' promoted by the College does not win, then what about my fee?" At that time the Government Bill was not anticipated. There were two rival bills in Parliament and the College fully expected theirs to win. But in my former article I made no criticism of the College,—I simply referred to the embarrassing situation that had arisen. Can that embarrassment be denied? When the Government Bill passed, involving its own registration fee, were not many nurses taken by surprise? Did not many of them write to the College in protest and did not some of them demand their money back? Perhaps by this time the College may have proceeded on some satisfactory line of adjustment about the fees paid under a misunderstanding. If so, we would be interested to know what it has done. The *British Journal of Nursing*, I must add, has more than once published the full, complete text of all the College articles, including the paragraph above referred to.

LAVINIA L. DOCK, R.N.

ALUMNAE ATTENDANCE

Dear Editor: We so frequently hear members of the various alumnae associations in giving an excuse for poor attendance say: "There is no inducement; not enough social atmosphere. They are dry, etc." Will some of your readers give the seemingly remote definition of a popular, interesting, well attended

meeting? Is it to be a playground for the profession, where its members may assemble for social reunion to divert themselves by levity and the discussion of things foreign, or rather should it be a privilege and an opportunity for a member to present herself regularly and keep up with what her chosen and admirable vocation is saying for and against her? Never in history was a profession more admired or relied upon than ours was during the universal calamities of war and epidemic from which we are just emerging. Shall we consign ourselves to the practical oblivion of the past or shall we demand admiration in the future? If any of us were deprived for a period of one month of the daily newspaper so that we were in ignorance of current events, we would consider it a rank insult to our intelligence. Yet we willfully neglect, month after month, to attend meetings that are called and intended especially for our information and benefit and so that we may learn what the profession, which we pledge in our by-laws to sustain, is doing for the good of humanity. It is possible to have a better stimulus than to know that we are being depended upon to do our part by the mother organization, of which we have the honor to be members? Has not each individual alumnae association reason to be proud of representation at the conventions where the problems and progressiveness of our work are ably discussed? Is it not a duty to the undergraduate or prospective member, who has high hopes and ambition for her diploma and degree of registered nurse, to have an organization of which she will be proud? With these things in mind let us, with the New Year, develop new interest and more activities with a firm resolution to "make good." I am sure that if each complaining member put into her alumnae association just a little bit of "real interest," in return she would receive "real pleasure." I do not mean to convey the idea that we should not have social diversion at the proper time and place, but our regular meetings are called for some business transaction or discussion, and should be held in the place and atmosphere, in which we would do earnest work. To quote Theodore Roosevelt, "When you work, work hard; and when you play, play hard."

Pennsylvania

E. B.

JOURNAL SUBSCRIPTIONS BY ALUMNAE ASSOCIATIONS

Dear Editor: The annual convention of our State Association was held in Erie November 9-12 at which time the association went on record as recommending that as a memorial to Sophia F. Palmer all alumnae associations of the state include in their dues the subscription price of the JOURNAL. We trust that all the other states will do likewise, as we feel that this is the only tribute which we can pay to Miss Palmer's memory, and that it is what Miss Palmer, herself, would most desire.

Pennsylvania

HELEN F. GREANEY.

"GOOD WILL TO MEN"

Dear Editor: In browsing over my JOURNAL, received today, I have just finished the editorial, Good Will to Men, and I seized my pen to say I think that note should be the one to be sounded in our perplexing professional situation. The spirit of coöperation and patient seeking to understand goes so much farther than that of antagonism! It has seemed to me of late that we are on the way to ruin our professional advance by the attitude some of us are taking toward the medical profession and the laity, and a good brave voice is all that is needed, to point that out, for us all to follow. We are one; all service is one; and suspicion and discord are destructive but never constructive.

Colorado

M. E.

NURSING NEWS AND ANNOUNCEMENTS

News items must be received at the JOURNAL office before the 15th of the month in order to ensure publication in the JOURNAL of the following month.

NURSES' RELIEF FUND, REPORT FOR DECEMBER, 1920

<i>Receipts</i>	
Previously acknowledged	\$8,667.16
Interest on bank balance	84.88
Interest on Liberty Bonds	112.26
Interest on Jane A. Delano Legacy	72.62
Delaware: State Nurses' Assn., Mrs. Ralph Fairweather, Helen Twomey, Anne E. Roberts, Katharine E. Haymar, \$1 each	4.00
Florida: State Nurses' Association	25.00
Illinois: First Dist., Chicago, \$28; Friends of Eliza C. Glenn, in her memory, \$30; Althea T. Clark, \$1	59.00
Kansas: State Nurses' Association	26.00
Kentucky: Sarah E. Dock, Paducah	2.88
Louisiana: New Orleans Sanitarium Alumnae Association	20.00
Minnesota: State Nurses' Association	50.00
Missouri: State Nurses' Assn., \$6; Kansas City,—Josephine Gilfillan, Sara B. Murphy, and Winifred B. Kelly, Children's Mercy Hospital, \$1 each, Mrs. Emma C. Slack \$2, Mary E. Murry \$5	16.00
Nebraska: Dist. No. 1, \$16; Dist. No. 2, Individual contributions, \$5; Dist. No. 3, \$66; Swedish Hospital Al. Assn., Omaha, \$55	142.00
New Jersey: State Nurses' Assn., \$29; Mariana Bartell, Rutherford, \$2; Mrs. P. D. Saklatvala, Plainfield, \$5; Hattie N. Seifert, Elizabeth, \$1	37.00
New York: District No. 2, Annie H. Smith,* Ada Camp,* \$5 each; Dist. No. 3, Joanna L. James,* \$5; Dist. No. 6, St. Lawrence State Hospital Alumnae Assn.,* \$25; Dist. No. 7, Elizabeth A. Yeoman, \$1; Dist. No. 11, Kingston Hospital Alumnae Assn.,* \$19; Dist. No. 13, Emma Beneson,* \$9.01; Mrs. Annie How, Charlotte Karpe,* \$5 each; Jennie I. Baxter, Charlotte Ehrlicher,* Miss Gillette,* Florence M. Nagle, \$1 each; Dist. No. 14, Mary E. Robinson,* \$5; Mrs. Edward Brenack, \$1	89.01
Ohio: State Nurses' Association	79.00
Oklahoma: State Nurses' Association	38.50
Pennsylvania: Methodist Episcopal Hospital Al. Association	25.00
Texas: Mrs. Rosalie McDonald, Inanah	5.00
Washington: Walla Walla County Graduate Nurses' Association	106.00
* Given in memory of Sophia F. Palmer.	<u>\$9,660.31</u>
<i>Disbursements</i>	
Paid to 15 applicants	\$240.00
Exchange on cheques60
10,000 leaflets	37.50
Protest fee on cheque	2.22
	<u>280.32</u>
	\$9,379.99
Invested funds	\$26,500.00
Total	<u>\$35,979.99</u>

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer.*

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(Contributions received up to January 15, 1921)

Previously acknowledged	-----\$50,058.87	New Hampshire	-----22.00
Alabama	-----50.00	New Jersey	-----2.00
California	-----10.00	New York	-----15.00
Illinois	-----54.00	Ohio	-----1.00
Kansas	-----17.00	Pennsylvania	-----5.00
Maine	-----55.50	West Virginia	-----65.00
Michigan	-----25.00		
Minnesota	-----150.00		
			<hr/> \$50,530.87

ARMY NURSE CORPS

During the past month the following First Lieutenants, Chief Nurses, Army Nurse Corps, have been transferred: Katherine Hannan, to Fort Banks, Mass.; Maud Bowman, to Camp Benning, Ga.; Elizabeth J. Kenny, to Fort Bliss, Texas; Agnes F. James, to Carlisle Barracks, Pa.; Jenny L. Row, to Columbus Barracks, Ohio; Rae D. Landy, to Edgewood Arsenal, Md.; Ila Broadus, to Station Hospital, Marfa, Texas; Miriam Cleghorn, to Camp Funston, Kansas; Victoria Anderson, to Letterman General Hospital, San Francisco, Calif.; Lulu M. Gerding, to Fort Logan, Colo.; Etta Staub, to Fort Myer, Va.; Grace E. Leonard, to Fort Sheridan, Ill.; Gertrude Weaver, to Walter Reed Hospital, Takoma Park, D. C.; M. Estelle Hine, to West Point, N. Y.; Anna V. Hughes, to Rockwell Field, Calif.

The following named Second Lieutenants, Army Nurse Corps, have been transferred from the Reserve to the Regular Corps: Katherine G. Burkhardt, Sadye M. Rosenthal, and Stella Terrell.

The following have been appointed into the Army Nurse Corps: Margaret E. Aaron, Elizabeth Michener, Harriet Noyes, and Elizabeth Pumphrey. All of these nurses have been ordered to Walter Reed Hospital for duty. The two latter, Misses Noyes and Pumphrey, are the first graduates of the Army School of Nursing to apply for admission and to be accepted in the Army Nurse Corps. They have completed their three years' training, each having received credit for nine months of college work prior to entering the Army School of Nursing. Up to the present time, fifteen students have graduated from the school.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,
and Dean, Army School of Nursing.*

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

The following is the list of promotions and transfers for the month of December: Laura Nell, Boise, No. 52, promoted to Assistant Chief Nurse, Camp Kearney, Calif.; Eleanor Ryan, promoted to Assistant Chief Nurse, Prescott, Arizona; Elizabeth Weaver, promoted to Chief Nurse, Tacoma, Wash.; Helen Hill, promoted to Chief Nurse, Evansville, Ind.; Elsie Evers, promoted to Chief Nurse, New Haven, Conn.; Susie Geer, promoted to Acting Chief Nurse, Palo

Alto, Calif.; Julia Finney, promoted to Assistant Chief Nurse, Alexandria, La.; May Fannin and Anna McFadden, promoted to Assistant Chief Nurse, Houston, Texas; Anna Elliott, promoted to Acting Chief Nurse, Memphis, Tenn.; Selina Kane, reinstated as Assistant Chief Nurse, Ft. Bayard, New Mexico; Ora Bruchmiller, transferred from Alexandria, La., to Deming, New Mexico, as Chief Nurse; Lillian White, transferred from West Roxbury, Mass., as Assistant Chief Nurse, New Haven, Conn.; Barbara Hunter, transferred from New Haven, Conn., as Chief Nurse, Camp Kearney, Calif. The U. S. Public Health Service expects in the next few months to open four or five additional hospitals, one at Minneapolis and one at St. Paul, Minnesota; and others at Kansas City, Missouri; Newport, Kentucky; and Helena, Montana. Applications for nurses at these hospitals are now being received. A bill has been introduced into Congress in which there is a clause which asks that U. S. Public Health Service Nurses be placed on the same basis as the Army Nurses. This means that the staff nurses will have the corresponding rank of Second Lieutenant, Chief Nurses of First Lieutenant, or Assistant Surgeon in the Service; Assistant Superintendents the rank of Captain or Passed Assistant Surgeon; and the Superintendent of Nurses the rank of Major or Surgeon. It is felt that the passage of this bill will clear up many difficulties for the Service. It will allow nurses in the U. S. Public Health Service accumulative leave and hospital care and treatment when ill, as well as gaining for them the recognition which is their right.

Two nurses well known to the nursing profession have recently been appointed as Chief Nurses in the Service. Emma M. Nichols, of the Boston City Hospital, is now Chief Nurse at the U. S. Public Health Service Hospital, No. 56, Ft. McHenry, Baltimore, Md. Miss Nichols states that she is very happy in the hospital and that she did not know that the Public Health Service was conducting such hospitals as Ft. McHenry or that the type of women entering the Nurse Corps was so fine. Alma Wrigley, well known in Red Cross and nursing organization work in the state of California, has been appointed Chief Nurse at U. S. Public Health Service Hospital No. 54, Arrowhead Springs, Calif. This hospital, which has now 150 beds, will be increased in the near future to 500 beds. We quote from a recent letter from Miss Wrigley in regard to this hospital: "It is the most unique hospital I ever saw and has many delightful features. The principal one is that the personnel is of an unusually high type, taking them all through. It is the sort of hospital that I have often dreamed of but never saw before; full of kindness, smiling faces, sunshine, good food, fresh air and gloriously beautiful scenery before one's eyes from every window, with facilities and peculiar advantages that make the patients improve against great odds. The doctors, from the Commanding Officer to the last eighth man, are kinder than anything I ever saw. The other day we were short of orderlies and one of the doctors gave a helpless patient, who had been housed for weeks, a bath in the tub in the morning, and in the afternoon came back, dressed him, and took the lad out for an auto ride. This sort of thing goes on all through the house, and I am given all the coöperation any reasonable person could desire."

LUCY MINNEGERODE,
Superintendent of Nurses, U. S. P. H. S.

Alabama.—THE ALABAMA STATE NURSES' ASSOCIATION has contributed the sum of \$500 to the Alabama Federation of Women's Clubs for a scholarship for a public health nurse. Mobile.—THE MOBILE INFIRMARY has nearly completed a nurses' home which accommodates thirty nurses, at a cost of \$50,000. The In-

firmly has been in operation about ten years and was built and is managed by the women of Mobile.

Colorado.—THE COLORADO STATE LEAGUE OF NURSING EDUCATION held a meeting in Denver, December 22, for the purpose of conferring with the Dean of the Medical School, Dr. Charles Meader, in regard to sending pupil nurses to the University for their academic work. There was a large representation of superintendents of schools of nursing, instructors, and nurses interested in educational problems. Questions and answers from the recent State Board examination were discussed, so that a closer coöperation might be brought about between teachers, schools of nursing and the State Board. **Primero.**—THE PUBLIC HEALTH NURSING COURSE of four months will be given again, beginning in February under the auspices of the University of Colorado Extension Division and the Colorado Fuel and Iron Company.

Connecticut: Hartford.—THE HARTFORD HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on December 9. The following officers were elected for the coming year: President, Martha Wilkinson; vice-presidents, Helen Jones and Mrs. Wm. Dwyer; secretary, Grace Longhurst; treasurer, Mary Streeter. It was decided that the proceeds from a fair held in November should go toward a scholarship to Columbia University, in memory of Lauder Sutherland, former superintendent of the training school. The graduating class of 1920 contributed \$100 toward the fund. At a special meeting held December 31, it was voted to revise the constitution and by-laws of the Alumnae Association to conform to the plan of reorganization of the American Nurses' Association.

Delaware.—THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES held its tenth annual meeting in Wilmington on January 12. At the first session reports of the officers and committees were read and the President made her annual address in which she urged closer coöperation and a willingness to be of real service to humanity. The amendments to the nurse practice bill were discussed and also a bill to regulate practical nursing. She reported the organization of a Public Health Section with Caroline Robelen as Chairman and advised the formation of a Private Duty Section to take care of the problems of the private duty nurse. She urged a 100 per cent subscription to the AMERICAN JOURNAL OF NURSING as a memorial to Miss Palmer, late editor of the JOURNAL, but it was decided this problem would have to be handled by each Alumnae. Subscriptions to the Relief Fund were urged and also coöperation with the Student Nurse Campaign Executive Committee, of which Mrs. Joseph Bancroft, Chairman of Bureau of Hygiene, A.R.C., is Chairman. The evening session was addressed by Mrs. H. D. Boyer of Smyrna, President of State Federation of Women's Clubs, on the Work and Aims of the State Federation, who dwelt particularly on the nurses' duty as citizens in passing adequate laws to govern health and education. Anna C. Jammé of San Francisco, Cal., President of the National League of Nursing Education and Secretary of the California State Board of Examiners of Nurses, spoke on the History of Organization and Development of the Various Nursing Associations. She spoke of the present unrest among graduate nurses, especially those returned from war service, and also discussed training school conditions and referred to the magnificent work done by the superintendents of nurses in hospitals during the period of the war. The nurses were keenly interested in Miss Jammé's address. A paper on the Private Duty Nurse was delivered by Helen F. Greaney of Philadelphia, a member of the Revision Committee of the American Nurses' Association, which was an incentive to the private duty nurses to better service. She also talked about nurses' clubs, and strongly advocated the

purchase of a club in which to house all nursing interests in Delaware. The following officers were elected: President, Mary A. Moran, reelected; vice-presidents, Mrs. Estelle Hall Speakman and Marie T. Lockwood; treasurer, Mrs. Walter O. Stack; secretary, Anna W. Jones; councillors, Effie Husfelt and Pearl Moore.

Illinois Chicago.—ST. JOSEPH'S HOSPITAL TRAINING SCHOOL held commencement exercises on October 4 for twenty-six graduates. A banquet at the Parkway Hotel followed the exercises. Addresses were given by Dr. Hugh McKenna, Dr. Carl Wagner and Dr. Austin Hayden. THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S TRAINING SCHOOL held its monthly meeting on December 2. An interesting talk on Red Cross enrollment was given by Mabel Soutz, class of 1912, who is engaged in public health work. Mae A. Baxter, who recently resigned as County Nurse for Linn County, Iowa, has taken up her new work as one of the field directors for Central Division. Elizabeth M. Wright and Mabel A. Dershem sailed recently for La Vega, Dominican Republic. Miss Wright will organize the Government Hospital in La Vega and Miss Dershem will be her assistant. Dorothy B. Erdman, formerly Red Cross Public Health Nurse for Winnebago County Chapter, with headquarters at Oshkosh, Wisconsin, has assumed her new duties as Field Director for Central Division. Sue Gardner Fite and Cecilia McCarthy, graduates of the Illinois Training School, have been reappointed as head nurses in the County Hospital. Alton.—Annabel Clark, graduate of St. Joseph's Hospital, is employed by the Alton Public Welfare Council as community nurse. Mary Monroe is community and school nurse in Likeston, Mo. Nell Sullivan, class of 1914, has taken up work in New Orleans.

Indiana: Fort Wayne.—DISTRICT No. 1 held its third annual meeting on November 14. The following officers were elected: President, Lucy Lauman; vice presidents, Louisa Nicol and Miss Plasterer; secretary, L. M. Garard; treasurer, Pauline Huser; directors, Gertrude Barber and Pauline Bischoff. The district had five regular meetings during the year and at one special meeting had the pleasure of hearing Miss Eldredge speak. 133 applicants took the examination for registered nurse's certificate in November. Ten received an average of over 90 per cent. Grace Pitt and Rhine Caster, graduates of the Robert W. Long Hospital, have been appointed to tour Indiana in the interest of child welfare. THE PERRY-COPELAND POST No. 128, AMERICAN LEGION, elected the following officers at a recent meeting: Florence J. Martin, commander; Jessie Rodman, adjutant; Gertrude Upjohn, financial secretary; and Catherine Hitch, publicity secretary. Mabel Pitman, graduate of Hope Hospital, has resigned as superintendent of the Van Wert Hospital, Van Wert Ohio, a position she has held for three years, except for ten months which she spent as a Red Cross nurse in France. Indianapolis.—Esther Chamberlain, class of 1920, Indianapolis City Hospital, has accepted a position with the Tuberculosis Clinic at the City Dispensary. Lilly Garard, graduate of Hope Hospital, Fort Wayne, has accepted a position as industrial nurse with the Bass Foundry. Ruth Masterson succeeds Miss Garard at the U. S. P. H. Venereal Clinic.

Iowa: Keokuk.—DISTRICT No 2 held its annual meeting on December 31. The following officers were elected: President, Amy Beers, Fairfield; vice-presidents, Mary Elder, Burlington, and S. McKeown, Mediapolis; secretary, Margaret Henke, Keokuk; treasurer, Elsie Thompson, Burlington. The directors are: Mrs. Lewis, Ottumwa, and Fay Curran, Morning Sun. Mrs. Mary Alexander Smith read an excellent paper on Neuro-Psychoses. Miss Damsdill of Iowa Tuberculosis Association gave some interesting health stories. A report of the state meeting

was given by Ellen Holmstrom. District No. 2 hopes to have all alumnae in the district affiliated before the next meeting which will be held in Burlington, in March. An enjoyable dinner was served at the Hotel Iowana. Elba Morse was the guest of honor. The Iowa nurses regret that Miss Morse is to return to Michigan. Washington.—Martha Glenn, graduate of Burlington Hospital, has accepted a position at the Washington County Hospital. Fairfield.—Clara Grice, class of 1908, Illinois Training School, who has been at Gulfport, Miss., as reserve nurse in the Navy, has returned to civilian duty. Boone.—Laura M. Parker is superintendent of Eleanor Moore Hospital. Some marked improvements are being made in the hospital. A nursery for twelve babies has recently been equipped.

Kansas: Kansas City.—THE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 2, held its regular meeting December 14. After the regular business meeting, two interesting papers were given: Advantages of Organization, by Helen Farnsworth, and Opportunities for Nurses, by Clara Belle Murphy. Following the meeting a luncheon was served. The next meeting will be held at Lawrence, the second Tuesday in March.

Louisiana.—THE LOUISIANA NURSES' BOARD OF EXAMINERS held its semi-annual examination December 13-14, 1920. Eighty-five applicants qualified as registered nurses.

Massachusetts.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its midwinter meeting, February 26, in the Boston Public Library, Copley Square. Charlotte W. Dana, treasurer of the association, tendered her resignation at the councillors' meeting on January 8. It was accepted with profound regret. Home duties require her attention. Her successor has not yet been considered. Boston.—THE BOSTON LYING-IN HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION was formed in November. The organization was completed in December and the following officers were elected: Charlotte W. Dana, president; Annie J. Hilton, vice-president; Alice Wickford, corresponding secretary; Cornelia Macpherson, recording secretary; Mildred Given, treasurer. The members of the Executive Council are: A. M. Henderson, Ethel Gray, Margaret Coleman and A. B. Stephens. Linda Richards, Mary M. Riddle, Helen R. Fowler and Annie I. Hollings were elected honorary members. Regular meetings will be held on the second Friday of each month with the exception of the summer months, beginning in October. THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION held a meeting on January 8. Following the morning business meeting a dinner was served. Mary Beard, Director of the District Nursing Association; Esther Dart, president of the State Association, and Miss Thurlow, superintendent of Cambridge Hospital, were guests of honor. The following officers were elected: President, Evelyn Coolidge; recording secretary, Louise Munro; treasurer, Florence Berry; corresponding secretary, Henrietta Lawrence; vice-presidents, Elizabeth Whitty and Elizabeth Kob. Miss Beard gave a paper on The Place of the Industrial Nurse in Industry. Ellen Atchison gave a paper on The Public Health Nurse in the Department Store, and Florence Berry spoke on Nutrition in Industry. THE MASSACHUSETTS HOMEOPATHIC HOSPITAL ALUMNAE ASSOCIATION is publishing a little paper, *The Alumnae Bulletin*, which is interesting and is being enthusiastically received by the nurses. It contains news items, notices and reports of meetings, and letters from absent members. In November the association celebrated its twenty-fifth anniversary. A paper read by Miss Tracy described the work of the students in 1896. Mrs. Mellor spoke on the past, present and future of the association. Fall River.—THE UNION HOSPITAL NURSES' ALUMNAE ASSOCIATION celebrated the

fifteen anniversary of its organization on January 5. A turkey supper was served which was followed by a musical program. Mrs. F. B. Albert, president, read a history of the organization. **Towhbury.**—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE ASSOCIATION held its regular meeting January 6. It was decided to contribute \$10 to the Interstate Secretary Fund. Mrs. Anna Mason, councillor to the state association, gave a brief outline of the last meeting. Plans were made for a reception to other alumnae associations to take place in the near future. Following the meeting a social hour was enjoyed.

Minnesota: St. Paul.—DISTRICT No. 4 held its regular meeting on January 10. Glen M. Caswell gave an interesting paper on Loyalty to the Nursing Profession. Institutional and Private Duty Sections are being formed. **Minneapolis.**—Martha Wolfe, graduate of the Winona General Hospital, who spent a year 1914-1915 at the University Hospital, has been for the past four years in China. She is at present superintendent of nurses in the United Evangelical Mission Hospital, Liling Hunan. THE MILLER HOSPITAL was opened for patients on December 1st. Miss Vannier is superintendent of nurses and Barbara Thompson is instructor and assistant superintendent of nurses. Laura K. Larson is supervisor of the surgical work. Frances Grininger, graduate of St. Luke's Hospital, St. Paul, is night supervisor. Helen Tilden, class of 1920, University Hospital, has joined the staff of the Minneapolis Visiting Nurse Association. Esther Andreason, class of 1918, is assistant superintendent of nurses at Glen Lake Sanatorium.

Missouri.—Helen Wood, St. Louis, has been appointed secretary-treasurer of the MISSOURI STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES.

New Jersey.—DISTRICT No. 1 held a meeting on January 11 and the following officers were elected: President, Martha Moore; vice-presidents, Caroline Schmoker; secretary, Margaret Bennett; treasurer, Catherine Guenther; director, Mrs. G. Varley. Mrs. Sewny, a missionary nurse from Turkey and a graduate from a New Jersey hospital, was an interesting speaker. The Association decided to contribute \$25.00 toward the Interstate Secretary Fund. **Atlantic City.**—DISTRICT No. 6 held its annual meeting on January 10 and the following officers were elected: President, Rachel Reed; vice-president, Mary H. Canard; secretary, Lulu C. Suddeth; treasurer, Mathilda H. May; members of the board, Jane G. Wick and Jennie Manley. **Trenton.**—DISTRICT No. 3 held its annual meeting on January 6th. Harriet Matthews was elected president and Mrs. Elizabeth H. Biles, secretary.

New York.—MEMBERS OF THE STATE ASSOCIATION are asked to send their pledges or new contributions for Relief Fund to the state chairman, Sarah J. Graham, 132 East 45 Street, New York. **New York City.**—ST. LUKE'S ALUMNAE ASSOCIATION at its meeting on November 9 discussed the advisability of allowing the residents of the Central Club for Nurses to stay indefinitely when it is impossible to give all members the privilege of renting rooms on account of lack of space. The consensus of opinion was that the stay of the members should be limited to five years and residence limited to nurses on active duty. The management of the club has decided, however, that no nurse will be asked to vacate until June, 1921. The Red Cross Pageant, held under the auspices of the New York County Chapter of the American Red Cross, on November 17, was very ably presented. **Ogdensburg.**—DISTRICT No. 6 held its annual meeting at the St. Lawrence State Hospital on January 5. The following officers were elected: President, Vera Shorey; vice-presidents, Mrs. W. S. Worden and Greda Hunter; secretary, Margaret Poole; treasurer, Frances Hand. **Saranac Lake.**—SARANAC LAKE GRADUATE NURSES' ASSOCIATION, DISTRICT No. 8, held a meeting

January 4. Plans were discussed for a silver tea for nurses to be given during the month for the benefit of the Relief Fund. Rochester.—DISTRICT No. 2 held a Christmas party at the Club House, December 28th. The League of Nursing Education held its annual meeting on January 12. The officers were reelected. Florence Nightingale slides were shown. Binghamton.—DISTRICT No. 5, at its annual meeting held on January 12, elected the following officers: President, Ida Beach; vice-presidents, Cora Head and Mrs. Amy Post; secretary, Susan L. Carpenter; treasurer, Helen G. Webb; directors for one year, Mrs. Lillian Mix Warner and Mrs. Ruby Maxon. A social hour followed the meeting. White Plains.—THE STURGIS RESEARCH FUND of the Burke Foundation has been founded with an endowment by the president, Frank K. Sturgis. The income is to be used for research and advancement in cardiac and allied convalescence problems.

North Carolina: Asheville.—DISTRICT No. 1, at its January meeting, elected the following officers: President, Mary P. Laxton; vice-presidents, Mrs. A. C. Chalmers, Mrs. I. A. Hanna; treasurer, Ella Can; secretary, Athalia Lord. The Board of Managers are: Belle Campbell, Sadie B. Vaughn, Sirena Alexander and Nell Luther. Winston-Salem.—The members of DISTRICT No. 2 were hostesses to the nurses of Greensboro, Mt. Airy and High Point, on December 8. Jane Van De Vrede, director of the Southern Red Cross Division, was present and gave a most interesting talk on The Need of More Student Nurses, the Manner of Recruiting Them, and the Need of Bettering Our Training Schools in the South. Miss Arthur of the Board of Nutrition of the Southern Red Cross District gave a short talk. Following the meeting a Christmas luncheon was served. The annual meeting of the Association was held on January 12. It was organized a year ago with 31 members and 41 members have been added since that time. The following officers were elected: President, Blandino Biggers; vice presidents, Hattie Pepper and Miss Snell; secretary, Miss Ramsaur; treasurer, Lillian Ketchin; directors, Blanch Stafford, Effie C. Salisbury, Carolyn Miller and Janet Haltiwanger.

Ohio: Cleveland.—Pearl Kamerer has been appointed Director of the Student Recruiting Committee from the Red Cross, Lake Division. The Central Committee for the State Recruiting Committee met in Columbus, December 31 and plans were formulated for an active campaign throughout the state. The Executive Committees of the State Nurses' Association and of the Ohio State League of Nursing Education met in Columbus, during the month. Members of the St. Barnabas Guild in the various nursing schools of Cleveland conducted a bazaar at the Cleveland Nursing Center, December 15 and 16. Attractive booths were installed in the Robb Memorial Hall where fancy articles, candy, cake, fruit, etc., were sold. The proceeds amounted to over \$700 which will be used to help defray expenses of the St. Barnabas nurses in Alaska and Cuba. Lota V. Lorimer, who has been Director of the Lake Division, Department of Nursing, American Red Cross, for the past few years, has resigned. University Affiliation for Schools of Nursing was admirably presented by Dr. Freedlander of the University of Cincinnati at a meeting held at the Cleveland Nursing Center, under the auspices of the Isabel Hampton Robb Memorial Committee. Much interest was manifested by those present and an interesting discussion followed. Isabel Stewart, Teachers College, and Laura Logan, University of Cincinnati Hospital, attended a conference on University Affiliation for Schools of Nursing at Lakeside Hospital, December 11. At this meeting were representatives from Western Reserve University, Boards of Trustees, hospital superintendents and others. Reports from Salem, Ohio, give much deserved credit to the nursing care given during the typhoid epidemic where over 900 cases developed.

Oregon: Portland.—The graduate nurses are enjoying a special course of lectures given by different physicians on the New Methods of Treatment for Cancer, Tuberculosis, Hay Fever and other diseases. Grace Phelps and Jane Doyle, who have been associated with the Portland Chapter of the American Red Cross since their return from overseas, have taken over the work of the Eye, Ear, Nose and Throat Hospital of about thirty beds. Miss Phelps is now manager.

Pennsylvania: Philadelphia.—THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL held a regular meeting on January 3, at which time five starving European babies were adopted by the association. THE ALUMNAE ASSOCIATION OF THE NURSES' TRAINING SCHOOL, JEWISH HOSPITAL, held a meeting December 7. After the regular business meeting a very interesting as well as instructive talk on present Red Cross Nursing Activities was given by Susan C. Francis, formerly chief nurse of the Jewish Hospital, and who for the past four years has been head of Red Cross work in Pennsylvania. The association entertained five social workers and forty pupil nurses of the school, with an attendance of fifty members. THE HAHNEMANN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 6 and the following officers were elected: President, Anna Worrell; vice-presidents, M. Margaret Whitaker and Elizabeth Henne; secretary, Edith M. Frescho; assistant secretary, Helen B. Adams; treasurer, J. Emilie B. Kempe. The directors are: Eva J. Hood, Bertha Yerton, Ella D. Hay, Mary Cassidy, Annabel Smith and Etta Hesa. The annual report showed a balance in the treasury of \$645.39; the Endowed Room Fund for the care of sick graduates stands \$655.42, and the Beneficial Fund, \$551.78. A dance was held on January 19 for the benefit of the Endowed Room Fund. Pittsburgh.—THE MONTEFIORE HOSPITAL NURSES' ALUMNAE ASSOCIATION at its monthly meeting had as the guest of honor, Eva Olpern, class of 1916, who has just returned from Palestine, where she was stationed under the American Zionists' Medical Unit. Miss Alpern was formerly in charge of the operating room of Montefiore Hospital. Miss Alpern had charge of a children's hospital and medical clinic in Joffe and held several positions in the Rothschild Hospital in Jerusalem, which was under the supervision of Rose Columbus of New York. Clara Millman, class of 1916, had charge of the obstetrical department. Miss Alpern's account of her work was exceedingly interesting.

Rhode Island: Providence.—THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION met on November 30. After a business meeting, it adjourned to meet with the club. At the meeting on December 28, business and a social hour were enjoyed. The association has just completed a course of twelve lessons in Parliamentary law, taught by Mrs. Frederick Hoard, which has been of great interest and profit to all who attended. At the end of the course a tea was served in honor of the instructor. THE RHODE ISLAND HOSPITAL NURSES' CLUB held its regular meeting November 30. Mrs. Isabelle Wilbur Baker addressed the club on the work of the Department of Instruction of the New England Division, American Red Cross. Lantern slides were shown. The club held its annual meeting and election of officers on January 4. After the business meeting a Christmas tree was disclosed with presents for each and a Santa Claus. After which lantern pictures appropriate to the season were shown. ST. BARNABAS GUILD FOR NURSES met on November 28. The Rev. F. L. Maryon addressed the Branch on Mission Work in the West.

Texas.—THE STATE BOARD OF NURSE EXAMINERS met in regular session in Dallas, Texas, on December 13. All members were present except Mrs. Alice Hart of Palestine. Proposed changes in the law governing registration of nurses

were submitted and approved by the board. Elizabeth Baylor of San Antonio was unanimously chosen to serve as Training School Inspector.

West Virginia: Charleston.—DISTRICT No. 2 has the following officers for the new year: Anna Bessler, chairman; Mary A. Reid and Mrs. M. J. Steele, vice-chairmen; M. J. Parry, secretary-treasurer. The directors elected are: Harriett Linn, Mrs. Earle A. Bobbitt, Minnie Ellis.

Wisconsin: Oshkosh.—DISTRICT No. 6 held its quarterly meeting January 5. Before the meeting the nurses were the guests of the State Board of Health at the Rex Theater where the film, "How Life Begins" was shown and was discussed by Martha Riley of Madison. Mildred Goeths of Fond Du Lac gave a paper on The Ethics of a Private Duty Nurse. Dr. Adin Sherman gave an address on Insanity and the Various Types of Nervous Diseases. Mrs. Adelaide Northam, superintendent of Milwaukee County Hospital and president of the Wisconsin State League of Nursing Education, discussed the new registration bill which is being prepared to go before the coming legislature. This bill has to do with the changing of the standard in order to have reciprocity with other states. The annual election of officers was postponed until May at the suggestion of the state association, in order that a uniform time might be set for all district associations.

BIRTHS

On November 7, a daughter, Mary Katherine, to Dr. and Mrs. Carl F. Coffman. Mrs. Coffman was Ferne Heagley, class of 1917, Illinois Training School, Chicago.

On December 8, in Altoona, Pa., a daughter, Mary Marguerite, to Mr. and Mrs. Edmund Redding of Juniata, Pa. Mrs. Redding was Bernadetta Cole, class of 1911, Altoona Hospital.

In November, a daughter, to Dr. and Mrs. Robert Hughes of Paoli, Pa. Mrs. Hughes was a member of the class of 1908, Chester County Hospital, West Chester, Pa.

On October 31, in Canandaigua, N. Y., a son, to Mr. and Mrs. Alfred Cade. Mrs. Cade was Marion Pierce, class of 1918, Frederick Ferris Thompson Hospital, Canandaigua.

On October 30, in Canandaigua, N. Y., a daughter, to Mr. and Mrs. Willard Kelsey. Mrs. Kelsey was Louise Platman, class of 1918, Frederick Ferris Thompson Hospital.

On November 3, a son, to Dr. and Mrs. E. P. Vaughn. Mrs. Vaughn was Nancy McGuirk, class of 1912, St. Joseph's Hospital, Chicago, Ill.

On October 12, a daughter, to Mrs. Florence Hulet Holms. Mrs. Holms was a member of the class of 1915, University Hospital, Minneapolis, Minn.

On October 16, a daughter, to Mrs. Clara Winter Stevens. Mrs. Stevens was a member of the class of 1915, University Hospital, Minneapolis, Minn.

On October 13, a son, to Mrs. Margaret Dunn Klock. Mrs. Klock was a member of the class of 1917, University Hospital, Minneapolis.

On October 19, a son, to Mr. and Mrs. W. A. Nightingale. Mrs. Nightingale was Carmen Grevemberg, University Hospital, Minneapolis.

Recently, a daughter, to Mr. and Mrs. Daniel Gallagher of New York City. Mrs. Gallagher was Olive Chabbott, class of 1917, St. Lawrence State Hospital, Ogdensburg, N. Y.

On January 3, a daughter, to Mr. and Mrs. Lawrence Lewis, of Malone, N. Y.

Mrs. Lewis was Elizabeth Mould, class of 1919, St. Lawrence State Hospital, Ogdensburg, N. Y.

On December 6, a son, Jesse J. Jr., to Mr. and Mrs. Jesse J. Clark of Oxford, N. C. Mrs. Clark was Endora Sornberger, class of 1913, Clifton Springs Sanitarium, Clifton Springs, N. Y.

On November 10, a daughter, Katherine Crompton, to Dr. and Mrs. William Elmer. Mrs. Elmer was Lenora Crompton, St. Luke's Hospital, Chicago.

Recently, in Braintree, Mass., a daughter, to Mr. and Mrs. G. Scott. Mrs. Scott was Grace Sullivan, Massachusetts State Infirmary, Tewksbury.

On December 23, a daughter, Virginia Lucy, to Mr. and Mrs. George D. Mycock. Mrs. Mycock was Mabel Tripp, class of 1918, Union Hospital, Fall River, Mass.

On December 27, in Baltimore, Md., a son, to Mr. and Mrs. Duke Adams. Mrs. Adams was I. M. Deyoe, class of 1906, Philadelphia General Hospital, Philadelphia.

MARRIAGES

On September 4, Rachel Cook, class of 1917, St. Joseph's Hospital, Chicago, Ill., to Marcus Seiverson. Mr. and Mrs. Seiverson live in Eldorado, Kansas.

On October 12, Regina Madden, class of 1918, St. Joseph's Hospital, Chicago, Ill., to Ambrose Champion. Mr. and Mrs. Champion live in Rochester, Minn.

On November 27, in Chicago, Ill., Lucy Crompton, class of 1915, St. Luke's Hospital, to Joshua Bishop Ashley. Mr. and Mrs. Ashley will live in Nantucket, Mass.

Recently, Babette Strohmeier, class of 1912, St. Luke's Hospital, Chicago, to P. P. Jennings. Mr. and Mrs. Jennings will live in Chicago.

Recently, Neva Elizabeth Rooks, class of 1910, Michael Reese Hospital, Chicago, to Hugo Rosenfield. Mr. and Mrs. Rosenfield will be in Europe for six months.

Recently, Laura Mae Hilton, class of 1918, Wesley Memorial Hospital, Chicago, to Howard S. Hanna. Mr. and Mrs. Hanna will live in Chicago.

On November 24, Edna Magnus, class of 1919, University Hospital, Minneapolis, Minn., to William Sprunt, M.D., of Rochester, Minn.

On October 13, Olga B. Skonnard, class of 1912, University Hospital, Minneapolis, to H. Christian Gray Hjortaa.

On November 1, Cecelia Rosenthal, class of 1916, University Hospital, Minneapolis, to John Lepak, M.D. Dr. and Mrs. Lepak live in St. Paul.

On October 13, in Cleveland, Ohio, Alice Bagomell, to H. R. Newell.

On November 3, in New Orleans, La., Juliana Thompson, University Hospital, Minneapolis, to Lawrence Kuqua.

On October 23, in London, England, Constance Tobias, class of 1911, St. Luke's Hospital, New York, to Roger Newton Goode. Mr. and Mrs. Goode will live in Paris, France.

On November 17, in New York City, Dorothea Rosenmuller, class of 1915, St. Luke's Hospital, New York, to Captain John Marron Tildsley of the United States Navy.

On October 21, in New York City, Anna Elizabeth Widenburg, class of 1916, St. Luke's Hospital, New York, to Edmund Anthony. Mr. and Mrs. Anthony will live in New Bedford, Mass.

On November 25, Clara Martha Steele, class of 1916, St. Luke's Hospital, New York, to Charles Warren Lang, Jr.

On December 9, Doris Newing, class of 1918, St. Luke's Hospital, New York, to Harry Heldt. Mr. and Mrs. Heldt live in Long Branch, N. J.

Recently, Marie Eastley, class of 1912, Asbury Hospital, Minneapolis, to Frank Hendricks. Mr. and Mrs. Hendricks will live in Cleveland, Ohio.

On November 20, in New York City, Lela Elizabeth Anderson, class of 1917, Statesville Hospital, Statesville, N. C., to Theodore Russell Snyder. Mr. and Mrs. Snyder will live in Philadelphia.

Recently, Emily Tagg, class of 1917, Good Samaritan Hospital, Portland, Ore., to Charles Arthur Fertig. Mr. and Mrs. Fertig will live in Waldo, N. M.

On December 4, in Pine Bluff, Ark., Martha Anne Brown, class of 1918, St. Mary's Training School, Rochester, Minn., to Eugene Teter. Mr. and Mrs. Teter will live in Sheridan, Ark.

On December 28, in Patchogue, Long Island, Josephine Crowell Bentley, class of 1917, Pasadena Hospital, Pasadena, Calif., to David Luther Ellerman. Mr. and Mrs. Ellerman will live in Rochester, N. Y.

On November 22, Susan E. Keegan, class of 1915, St. Vincent's Hospital, Erie, Pa., to James L. Connell. Mr. and Mrs. Connell will live in Erie, Pa.

On January 8, in Buffalo, N. Y., Jeannette Abel, class of 1919, Sisters of Charity Hospital, Buffalo, to Ralph J. Wolf. Mr. and Mrs. Wolf will live in Buffalo.

On September 30, Gladys L. Perry, class of 1916, Huron Road Hospital, Cleveland, Ohio, to Leo D. Covert, M.D. Dr. and Mrs. Covert live in Moundsville, W. Va.

On December 7, Mabel Dayton Holden, class of 1905, Methodist Episcopal Hospital, Brooklyn, N. Y., to Ernest Moorey. Mr. and Mrs. Moorey will live in Baltimore, Md.

On December 29, Ada C. Grubb, class of 1914, Methodist Episcopal Hospital, Brooklyn, to Douglas Rawlings. Mr. and Mrs. Rawlings will live in Owingsville, Ky.

Recently, Edna Martin, class of 1914, Methodist Episcopal Hospital, Brooklyn, to Patrick Hooke. Mr. and Mrs. Hooke live in Columbia, S. C.

Recently, Margaret Rogers, class of 1917, Pennsylvania Hospital School of Nursing, Department for Mental and Nervous Diseases, West Philadelphia, to David Shearer. Mr. and Mrs. Shearer will live in Philadelphia.

On January 1, in Ebensburg, Pa., Clarinda M. Lewis, class of 1907, Homeopathic Hospital, Pittsburgh, to Dayton D. Jarvis. Mr. and Mrs. Jarvis will live in Ebensburg.

On January 1, in Alton, Ill., Helen Cousins, class of 1919, St. Joseph's Hospital, Alton, to Edward Dahlton. Mr. and Mrs. Dahlton will live in Alton.

On January 1, Ruth Hawbecker, class of 1920, Hahnemann Hospital, Chicago, to Harlan Stech. Mr. and Mrs. Stech will live in West Chicago, Ill.

In November, Mary E. Connell, class of 1918, Chester County Hospital, West Chester, Pa., to Howard Davis, M.D., of Downingtown, Pa.

In December, Ethel Preston, class of 1913, Chester County Hospital, West Chester, Pa., to Charles Morton.

On October 4, Emma Jane Crum, class of 1915, Altoona Hospital, Altoona, Pa., to H. Herbert Janes, M.D. Dr. and Mrs. Janes will live in New York City.

On October 10, in Tucson, Ariz., Miriam Doudna, class of 1918, Columbia Hospital, Washington, D. C., to James Glover. Mr. and Mrs. Glover will live in Tucson.

On December 24, Irene Cross, class of 1916, Asbury Hospital, Minneapolis, Minn., to Eric G. Leander. Mr. and Mrs. Leander will live in Macomb, Ill.

Recently, Beatrice Carter, class of 1916, Asbury Hospital, Minneapolis, to D. C. Petrie. Mr. and Mrs. Petrie will live in Boise, Idaho.

Recently, Julia Hovren, class of 1916, Asbury Hospital, Minneapolis, to William Hanlora. Mr. and Mrs. Hanlora will live in Ft. Benjamin, Harrison, Ind.

Recently, Lida Dewey, class of 1915, Asbury Hospital, Minneapolis, to Fred Stokes. Mr. and Mrs. Stokes will live in Atlanta, Ga.

On January 2, in Philadelphia, Pa., Hazel I. Miller, graduate of Arnot-Ogden Hospital, Elmira, N. Y., to W. F. Sooy. Mr. and Mrs. Sooy will live in Atlantic City.

On November 23, Charlotte R. Beck, class of 1902, Bridgeton Hospital, Bridgeton, N. J., and class of 1904, New York Polyclinic Hospital, New York, to William E. Beattie. Mr. and Mrs. Beattie will live at Saranac Lake, N. Y.

On October 30, in Ocean City, N. J., Sarah Fullam, graduate of Pennsylvania Hospital, Philadelphia, to Samuel E. Kean. Mr. and Mrs. Kean will live in Atlantic City.

On September 22, Charlotte Polkinghorn, class of 1917, Allegheny General Hospital, Pittsburgh, to George T. Walters. Mr. and Mrs. Walters will live in Albuquerque, N. M.

On November 27, in Leetonia, Ohio, Pearl Shontz, class of 1903, Allegheny General Hospital, Pittsburgh, to Henry Hammerly.

On December 10, Ebba Burgeson, class of 1920, Presbyterian Training School, Pittsburgh, Pa., to Guy Mehr. Mr. and Mrs. Mehr will live in Oakland, Pa.

On December 22, Selma Halbeson, class of 1920, Presbyterian Training School, Pittsburgh, to Sherl Boston. Mr. and Mrs. Boston will live in Springdale, Pa.

Recently, Bertha Bowers, class of 1920, Presbyterian Training School, Pittsburgh, to Howard Ward. Mr. and Mrs. Ward will live in Mt. Washington, Pa.

On January 6, Mabel F. Liddiard, class of 1918, Chester County Hospital, West Chester, Pa., to William N. Weir. Miss Liddiard has for the past year been assistant superintendent of People's coöperative Hospital, Sayre, Pa. Rev. and Mrs. Weir will live in Sayre.

On December 11, in Greene, N. Y., Helen MacPherson, class of 1910, Jackson Sanatorium, Dansville, N. Y., to Allyn LaMonte Pierson of New York City.

Recently, Margaret Ellen Hillis, class of 1915, Children's Hospital, Winnipeg, Manitoba, to George Smith. Mr. and Mrs. Smith will live in Bristol, R. I.

On November 22, Betsey Barney, class of 1915, Homeopathic Hospital, Providence, R. I., to Byron Coultera.

On November 19, Annie S. Webber, class of 1918, Rhode Island Hospital, to Mr. Harkins. Mr. and Mrs. Harkins will live in Providence, R. I.

Recently, Gertrude Melvidt, class of 1920, St. Joseph's Mercy Hospital, Ft. Dodge, Iowa, to George Smarvely.

Recently, Alice Donahoe, class of 1920, St. Joseph's Mercy Hospital, Ft. Dodge, Ia., to Earl Lynch.

Recently, Orwa A. Long, class of 1916, Eleanor Moore Hospital, Boone, Ia., to Frank Webber, of Camp Grant, Rockford, Ill.

Recently, Blanche Dibble, class of 1917, Silver Cross Hospital, Joliet, Ill., to Wilbur R. Parker of Boone, Iowa.

On December 29, in Chicago, Ill., Harriet Belle Chapman, class of 1910, Illi-

nois Training School, Chicago, to William Donald Rolph. Mr. and Mrs. Rolph will live in Richmond, Calif.

In September, in Amherst, Wis., Mrs. Anna Catherine Hildebrand, class of 1914, Illinois Training School, Chicago, to C. A. Smith, M.D. Dr. and Mrs. Smith will live in Amhurst.

On December 25, in Detroit, Mich., Dana Belle Weitzel, class of 1914, Battle Creek Sanitarium, Battle Creek, Mich., to Albert J. Read, M.D. Dr. and Mrs. Read will live in Albany, N. Y.

Recently, Ella Lucile Foley, class of 1912, St. Luke's Hospital, Chicago, to Peter Smith. Mr. and Mrs. Smith will live in Chicago.

Recently, Ada M. Ziller, class of 1915, Hope Hospital, Ft. Wayne, Ind., to Barton Webster. Miss Ziller was in service eighteen months and spent ten months in France. Mr. and Mrs. Webster will live in Van Wert, Ohio.

Recently, Frances Steel, graduate of Hope Hospital, Ft. Wayne, to Clifford H. Matson. Miss Steel was industrial nurse for the General Electric Company, Ft. Wayne. Mr. and Mrs. Matson will live in Ft. Wayne.

On December 31, in Albuquerque, N. M., Maude Guthrie White, to Guy Robert Walther. Mr. and Mrs. Walther will live in Gallup, N. M. Both were in service at Camp Dix, N. J.

On December 20, Pearl Geandrew, graduate of St. Lawrence State Hospital, Ogdensburg, N. Y., to Edgar Davis. Mr. and Mrs. Davis will live in Ogdensburg.

On September 11, Emeline A. Evans, class of 1920, Maryland Training School for Nurses, Baltimore, to Adam S. Gregorius. Mr. and Mrs. Gregorius live in Baltimore.

On September 10, Blanche May Higgins, class of 1914, Massachusetts Homeopathic Hospital, Boston, to Clifton A. Shinguin. Mr. and Mrs. Shinguin will live in Lahore, India.

On November 1, Eleanor Clare, graduate of the Massachusetts Homeopathic Hospital, Boston, to James Barrett, M.D. Dr. and Mrs. Barrett will live in Independence, Iowa.

On November 15, in Jacksonville, Ill., Ella E. Stratton, class of 1918, Passavant Memorial Hospital, to R. O. Johnson. Mr. and Mrs. Johnson will live in Kansas City, Mo.

DEATHS

On January 8, at Saranac Lake, N. Y., following a lingering illness, Florence Banks, graduate of the Bridgeton Hospital Training School, Bridgeton, N. J.

On December 18, suddenly, at her home in Atlantic City, N. J., Clara F. Sabott, graduate of The Jewish Hospital Training School, Philadelphia.

In October or November last, under sad and tragic conditions, Frances Korous, graduate of St. Mark's Hospital, Salt Lake City, Utah. Miss Korous had been actively engaged in the practice of her profession as private duty nurse, night superintendent in St. Mark's Hospital, and as an office nurse. She spent two years in service in the Navy Nurse Corps.

On December 14, Mrs. Albert Kerber, class of 1898, Presbyterian Training School, Pittsburgh, Pa. Mrs. Kerber was a member of the first graduating class of the school, and has always been interested in the hospital.

On October 22, Mrs. Keffer. Mrs. Keffer was Elise Johnson, class of 1916, Allegheny General Hospital, Pittsburgh, Pa.

On December 4, suddenly, Norleen Burke, class of 1918, St. Mary's Infirmary, Galveston, Texas.

On December 12, at her home in Canandaigua, N. Y., Mary Elizabeth Morgan, following a long illness. Miss Morgan was a graduate of Bellevue Hospital, New York, and practiced her profession in California, Texas, Arkansas, New Jersey and New York City, where she was with the State Charities Association. She was also supervising nurse at the American Hospital and Rear Road Hospital, Lady Condov's district at Mexico City. Miss Morgan was an enrolled Red Cross nurse.

On January 7, in St. Paul, Minn., of typhoid fever, Etta Forbes, class of 1896, St. Luke's Hospital, St. Paul, Minn.

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